The Lettsomian Lectures
ON
SYPHILIS AND THE NERVOUS SYSTEM.

Delivered before the Medical Society of London,

BY W. R. GOWERS, M.D., F.R.S.

LECTURE II.

(*Concluded from page 161.*)

THE inadequacy of the clinical history of a syphilitic lesion, when that history is based only on the certain evidence supplied by verified facts, is conspicuous in the case of the disease of the walls of the arteries. The classical researches of Heubner, who first placed our knowledge on this subject on a secure footing, were based, of necessity, to a large extent on fatal cases. The clinical picture delineated from those facts, faithful as it is so far as regards the effects of extensive and severe disease, is yet imperfect as a representation of the slighter and more common consequences of the morbid process. Passing over the former, because it is well known by description, although now seldom met with, I would ask your attention to some facts regarding these slighter forms. The importance of the early diagnosis of this condition is unequalled, even among syphilitic lesions. There is no luetic process which is so likely to cause grave and lasting damage, no process the effects of which when once produced are so entirely beyond our power, and yet can be so surely averted by energetic treatment. For this reason I think it is wise to devote more time to this than to the other detailed subjects, especially since it is a disease in which the diagnosis during life can generally be made with sufficient confidence to give a high value to clinical facts.

The chief mechanism by which this process is effective in causing symptoms is, as we have seen, the sudden closure of an artery. The suddenness of the closure is no doubt due to the fact that the narrowed cavity is finally occluded by clot, and in this respect the syphilitic disease does not differ from the other common form of arterial disease—atheroma. The closure is probably not often that of the main artery whose wall is diseased, but of a branch that comes off at the spot, the orifice of which is narrowed, so that the blood in the part beyond tends to stagnate and to clot. The closure has the usual consequence—sudden anæmia and necrosis of the brain tissue, unless there are sufficient anastomoses to prevent a collateral circulation. This may be either complete, restoring function, or so incomplete that the continuity of the tissue is preserved by a process which results in sclerotic induration.

The characteristic symptoms are those of a sudden focal lesion of the brain. Until the degenerative period of life is reached such a sudden lesion is excessively rare, except from embolism. Embolism can usually be excluded if there is no valvular heart disease or other source of embolism, and if the patient has not recently suffered from a disease known to cause endocarditis. Hence it follows that the occurrence of such symptoms in an adult under forty-five, who has had syphilis and has not heart disease, may generally be held to indicate syphilitic disease of a cerebral artery, and this diagnosis may be made with a confidence possible in few other syphilitic lesions. This confidence is confirmed by the occasional opportunities for a verification. When under such conditions the diagnosis has been made, and the patient has subsequently died, the arterial disease has been found—invariably, so far as my own experience and reading have gone. It is true that in rare cases certain other causes of arterial closure must also be excluded. I will mention these presently. They do not really lessen the validity of the statement just made, since the need for considering them is not only rare, but is also generally obvious. But this confidence can exist only before the degenerative period of life. When this period arrives, other causes of arterial closure come into operation—causes which we cannot exclude with the readiness and confidence with which we can exclude embolism. This introduces an element of doubt into the diagnosis of cases over forty-five or fifty years of age. Hence, in endeavouring to ascertain the history of these cases from merely clinical observation, it is desirable to confine our attention to those in which the diagnosis can be made with most confidence. The disease does occur during the later period of life. We have to recognise the fact in our practical diagnosis. It may be that this renders some of our conclusions from the earlier cases imperfect; but we must accept this imperfection in order to obtain as much certainty as possible.

The following conclusions are based on a series of cases that have come under my own observation, excluding those over forty-five years of age. The cases are fifty in number, but on some points (owing to omissions) the precise number available for comparison is somewhat less. The patients were over twenty-five with the exception of one, aged twenty-one. Males were to females as three to one, a proportion that may not be far from the incidence of syphilis itself.

Many observers have noted how various are the intervals between the primary disease and the cerebral lesion, and the variation is conspicuous in this series. In one quarter the lesion occurred during the first two years after infection, and the remainder were pretty evenly distributed during the next twelve years (0–2, 9 cases; 3–5, 7 cases; 6–10, 9 cases; 11–15, 11 cases; 16–20, 4 cases). There was an interval of nineteen years after infection in a man who had well-marked syphilis at eighteen; at the age of thirty-seven an attack of right hemiplegia, while a year later paraplegia came on in a subacute manner. Eighteen years intervened in a woman who at sixteen married a man of unsteady habits; her first two children were born dead, and hemiplegia came at thirty-five, with an onset characteristic of arterial thrombosis. The shortest interval was apparently only three months, but the case does not seem otherwise open to doubt. A man at the age of twenty-one had, for the first time, a chancre—a distinct hard sore—followed by indolent enlargement of the glands. Three months after the appearance of the sore he had sudden hemiplegia, which slowly passed away, but was followed six months later by a second attack on the same side. In these cases, as indeed in all those compared, a careful search revealed no other cause. In the only other case in which the interval was less than a year, the attack occurred six months after infection.

By far the most common effect of the lesion was hemiplegia, indicating disease of the middle cerebral artery, and probably the closure of a branch to the central ganglia. In only one case did convulsions at the onset suggest that the damage was limited to the cortex. (Simultaneous central softening necessarily prevents such special indication of a cortical lesion.) In three cases hemianopia suggested that the arterial disease was in the posterior cerebral. It is evident, however, that these cases present only some of the effects of vascular disease, and do not present at all its gravest consequences. Lesions may occur in parts of the brain where they cause no local symptoms; and, on the other hand, disease of the basilar and vertebral arteries, sufficient to cause definite symptoms, is seldom survived. These grave effects, however, are well known, and I therefore pass them over. In probably nineteen cases out of twenty, the Sylvian artery is that by which arterial disease causes symptoms (a fact easily explained), and of such disease this series probably presents a fair example. The degree of the paralysis and its course present variations as great as, and similar to, those met with in embolism. It may be slight and transient, or severe, and then often lasting, with only such recovery as occurs from compensation—a slow return of power in the leg and some in the upper arm, the hand remaining powerless, or almost powerless, with late rigidity. I have a few times known two attacks of hemiplegia to occur at intervals of months. Very rarely symptoms of some other syphilitic process coincide with the onset. It is only in such a case in which there is reason to suspect a gumma that I have seen optic neuritis. In several cases the patients have, at some other time, suffered from paraplegia, such as might be caused by a gumma pressing on the cord.

The onset occurred during sleep in a third of the cases, a proportion nearly corresponding to the time spent in the sleeping state. During the waking state, the onset is seldom attended by loss of consciousness; it was so attended

in only one-tenth of the cases—a fact of much importance. Giddiness and vomiting were occasional accompaniments. Of great significance also is the fact that the onset in more than half the cases was preceded by headache. The pain was usually great, and was either general or chiefly on the side of the subsequent lesion. It preceded the onset sometimes for only a few days or a week, often for several weeks, rarely for two or three months. It is apparently in some way due to the arterial disease itself. Occasionally, for a day or two before the onset there was a slight tingling or other sensation in the side afterwards paralysed. This one patient, after ten days of severe headache, had repeated attacks of tingling down the side during two days before the onset. The attack itself was often quite sudden, but in some cases it was deliberate or occurred in two stages. The following are instances of these modes of onset:—1. The arm and leg became weak for a few minutes, then recovered, and half an hour later became suddenly powerless. 2. Slight weakness came on and continued for six days before the sudden hemiplegia. 3. The leg became weak in the evening, and during the night the arm became powerless. 4. The patient woke up one morning with loss of power in the leg, and during the next two days the palsy spread gradually to the arm and face. 5. The arm became suddenly paralysed, and six days later aphasia came on, with a convulsion, doubtless from the occlusion of a cortical branch.

The diagnosis of this disease chiefly depends on the causal indications, negative and positive, the absence of other causes, and the presence of syphilis. The evidence of therapeutics here fails us. The syphilitic process in the artery, and the secondary thrombosis that results, are wholly separate from the simple process in the brain—the necrotic softening, on which the symptoms directly depend. Treat the patient as you will; remove as speedily and as completely as possible the disease of the arterial wall,—you cannot restore the circulation, nor can you avert the resulting necrosis of the brain tissue when once the blood has clotted in the vessel. Compare two series of cases of hemiplegia, one due to embolism and the other to this disease, and you will find that their general course corresponds, however wise and thorough may have been the treatment adopted in the syphilitic series. In each set we meet with cases in which the palsy is slight or transient, but these are cases in which the motor structures have not been involved in the softening, and have only been interfered with for a time because the lesion was adjacent to them. In each series we find cases of severe paralysis, because the motor path was interrupted or the centres were destroyed. Hence by your treatment you may save the patient from a fresh attack or from an extension of the old mischief, but you cannot save him from destruction of tissue or avert its effects. Recognise any warning there may be—anticipate the onset—and the attack may perhaps be prevented; but once the vessel is occluded, your treatment is powerless over the accomplished injury. Thus these are cases in which the result of treatment has no diagnostic significance, and if a positive result seems traceable, we may be sure that the improvement is a coincidence, and not a consequence. An illustration may make this important fact more definite. If the illustration is hypothetical, it will nevertheless be felt, I think, to be within the bounds not only of the possible but of the probable. A man is seized with sudden hemiplegia due to embolic embolism, which has caused a small spot of softening near, but not involving the motor structures. The function of these is temporarily impaired, as we know commonly happens in such a case. He has undetected mitral obstruction, a short presystolic murmur having escaped recognition, also not beyond the limits of experience. His medical attendant, who knows that the patient has had constitutional syphilis, believes that the hemiplegia is syphilitic, and at once gives him iodide of potassium. In two or three days there is a distinct return of power in the limbs; the improvement goes on, and in a month the patient is practically well. What will be the strength of the connexion on the part of the practitioner that the hemiplegia was due to syphilis? Will it not be almost impregnable? And yet it would be wholly wrong. Note, moreover, that had the same lesion of the brain been due to syphilis his reasoning from the effect of the treatment would have been equally wrong, and yet his conclusion would have been right. A great deal of error in medical science (and not in medical science alone) is due to the fact that correctness of a conclusion is transferred to the reasoning by which it has been reached.

The frequency of the premonitory symptoms, and of a more or less deliberate onset, without loss of consciousness, furnishes diagnostic indications that are often of great importance. They are especially important when some other cause of arterial occlusion coexists, and especially when a source of embolism can be found. Sometimes heart disease is left by rheumatic fever, the individual contracts syphilis, and afterwards has an attack of sudden hemiplegia. We are then unable to avail ourselves of the causal indication unless we find evidence that one influence or the other has recently been active in the system, as by recent embolism or recent syphilitic processes elsewhere. A deliberate onset is strongly in favour of thrombosis, and therefore of syphilitic disease rather than of embolism. Most important of all, however, are the premonitory symptoms, and especially the headache. This, if severe, shows that a morbid process within the skull preceded the onset; whereas in embolism the intra-cranial condition is normal until the obstructing particle is suddenly transferred from the heart to the cerebral artery. The practical value of this indication is increased by the fact that it is not only a common but a prominent symptom.

Apart from embolism and injury, hemiplegia coming on between twenty-five and forty-five is, I believe, very seldom due to any other cause than syphilis, and its occurrence may justly raise a strong suspicion of this disease, even in a case in which there is no positive evidence of it. But this suspicion is stronger in the case of men than in women, because in women, less rarely than in men, sudden hemiplegia clearly due to an organic lesion sometimes comes on when we can trace no source of embolism and when we can exclude syphilis. Now and then the onset is accompanied by that form of pyrexia which suggests septicæmia, and actual proof of this may be furnished by the characteristic retinal hæmorrhages. A softened clot, in some situation, is probably then the most frequent cause of the symptoms, and the hemiplegia may be regarded as embolic. But there are other cases in which the onset is unaccompanied by any symptom to suggest embolism. I have seen several such cases in girls between eighteen and thirty, in whom from their history, character, and life, inherited or acquired syphilis could be absolutely excluded. The hypothesis of thrombosis in a healthy artery, due to some general condition, seems, perhaps, the least improbable explanation of such cases. But if the subject of such a palsy happens to be a girl of the lower classes, especially if she is good-looking, the diagnosis of probable syphilis is not unlikely to be made, and the more readily because we often cannot exclude the risk of infection in the case of unmarried females as we can in unmarried men.

With the advent of the degenerative period of life comes an enormous accession of difficulty in diagnosis. After the age of forty-five or fifty is passed we can never feel sure that we are not in the presence of the changes in the arteries which cause cerebral hæmorrhage or cerebral softening. The difficulty is further increased by the fact that syphilitic disease becomes not only relatively, but absolutely, less frequent, so that the likelihood of it does not help the observer as at an earlier period of life. Hence when it does occur it is more likely to be unsuspected and unrecognised. This is, indeed, one of the chief practical risks of error; for the diagnosis can still be made in most cases, although less surely. The diagnostic indications that are often distinct and important in the earlier periods of life are equally common and equally significant in the later period. The significance of some of them is, indeed, not so strong as in early adult life; but their relative importance is greater, since on them, and especially on those that are still unequivocal, the diagnosis chiefly depends. Their significance is strengthened by a history of syphilis, but this history alone has far less value than at an earlier age. Further, as we cannot exclude syphilis merely because there is no history of it, so now we cannot exclude the degenerative lesions merely because degeneration is not manifest. Hence arises the extreme importance of the diagnostic indications afforded by the mode of onset and by the premonitory symptoms—taken, of course, in combination with the general diagnostic indications that apply to all sudden lesions in late life. The absence of coma, the frequent occurrence of prodomata, or a deliberate development of the palsy, together with the state of the heart, may render hæmorrhage unlikely, and the chief difficulty is the distinction from atheromatous softening. In this, as in syphilitic disease, a morbid state

of the arteries exists before the sudden onset, and it may cause slight premonitory symptoms analogous to those we have been considering. But headache is not very common, and is never so considerable as it very often is in syphilitic disease. Atheromatous softening, moreover, is essentially a senile malady. Apart from kidney disease, or an early degenerative tendency usually conspicuous, it is not often met with under sixty, and it becomes more frequent as life advances; while the syphilitic lesion becomes more and more rare, till at last it is only to be thought of when special circumstances suggest its possibility.

The application of these principles, varying as it does in detail, I must leave. But I may mention to you an instance which shows very well their use and value, and, by a curious and convenient coincidence, this case, one of the best unverified illustrations of this particular diagnostic difficulty I have ever met with, came under my notice as I was finishing this part of my lecture. Dr. Barnes of Ewell asked me to see with him a woman, forty-two years of age, in whom, two days before, right hemiplegia had come on in the course of a few hours, without loss of consciousness. The face was not affected on the right side, and this fact, with distinct weakness of the left side of the face, diplopia, tingling of the left hand, and frequent hiccough, made it almost certain that the lesion was in the pons. The urine had contained albumen for some years, and now deposited granular casts. In the left eye were the remains of syphilitic choroiditis, and one child had been born dead without traceable cause. For several months she had suffered much from headache, of increasing severity, and had become much stouter.

Here, then, we had evidence of a lesion which was probably hæmorrhage and not softening, on account of its position, and of the deliberate onset without loss of consciousness; hæmorrhage into the pons causing more severe initial symptoms, which are, moreover, seldom survived for more than a few hours. Hence, the most probable lesion was disease of the basilar artery, with thrombosis in some of its branches. For such arterial disease we had two adequate causes: renal mischief sufficient to render atheroma probable even at her age, and syphilis. There was no evidence of recent active syphilis, and the balance of probability was strongly in favour of atheroma, by reason of the greater average frequency of this affection under these circumstances and causal conditions. But there was one symptom of a positive character, the significance of which no mere probability or improbability could be allowed to influence—the severe and persistent headache. Kidney disease will cause headache, but not such headache as this patient had suffered from, which had kept her awake at night repeatedly, and was often more severe on the left side of the head than on the right. It was a symptom that suggested more than mere atheroma, and distinctly turned the balance of evidence in favour of syphilitic disease. The case was clearly one of urgent danger, as every case is in which there is an active morbid process in the pons, and I confess I had little hope that any treatment would be of avail. But we decided to treat the patient for a time on the assumption that the disease was syphilitic, and to increase the iodide, which she was already taking in small doses, to forty-five grains a day, adding a little digitalis to steady the circulation. If no improvement could be observed at the end of a few days, the dose of iodide was to be reduced again, lest, if no good could be done to the wall of the vessel, the drug might do harm by increasing the tendency of the blood to clot. But on the third day the patient was distinctly better, the improvement steadily went on, and I hear now from Dr. Barnes that she has fair power in the arm and leg, is free from headache, and has no symptoms to suggest anxiety. Of course the diagnosis may have been wrong, and yet its method may not be uninstructive. The result appears to afford some confirmation both to the principles and to their application. We may see in this case how essential it is to arrive at a precise diagnosis of the character of the lesion before the causal indications are considered, and that this need, always present, is especially obvious in those whose age or state involves the possibility of several lesions. A hasty diagnosis of cerebral hæmorrhage in this case would probably have prevented any significance being attached to the indications of previous syphilis. We may see also how necessary it is to give its due weight to each indication, how the significance of one may be strengthened by the concurrence of others, and how paramount is the necessity of limiting the influence of mere probability, and not permitting this to counterbalance any distinct and positive indication. Although, as I said, recovery does not prove that the diagnosis was correct, this reservation must be made whenever a patient happily survives. The reservation applies only, moreover, to solitary cases. The test of the reasoning afforded by the result may not be valid in the individual case, but in a number of cases combined it will not mislead.

Another point in the differential diagnosis of these cases should, however, be specially mentioned, because its peculiar and unusual difficulty occasionally leads astray even those who have had much experience. It is the distinction of the slighter forms of this hemiplegia or other disturbance from the unilateral symptoms that are common in general paralysis of the insane, even in the early stage of the disorder. Whatever be their immediate cause, they do not seem to depend on an organic lesion; but the symptoms of such a lesion are sometimes simulated by them in a puzzling manner. The difficulty is increased by, and indeed is largely due to, the fact that so many of the subjects of general paralysis have had syphilis. Cases are not rare in which the disease comes on while the syphilis is manifestly active, and it may even supervene on some actual syphilitic lesion of the brain. The hemiplegia due to syphilitic vascular disease is occasionally followed by degenerative symptoms of various kind and degree. After recovery from the palsy, complete recovery or incomplete, there may distinctly develop such symptoms as failure of memory, excitability, alteration of mental and moral characteristics, changes in articulation in various degrees of intensity. These symptoms may commence during recovery from the hemiplegia. They may continue for a time and then pass away, or may persist, stationary or increasing. But an attack of hemiplegia, which seems at the time to be due to vascular disease, is occasionally followed, in the course of a few months, by symptoms of general paralysis of the insane, quite typical in character and course. For instance, a man about eight years after primary syphilis had an attack of sudden hemiplegia, severe, and preceded by headache. In the course of a month he recovered almost completely, and those who knew him observed very little difference from his state before the attack. A little later, however, a slight change in articulation attracted their notice, coupled with some scarcely definable alteration in his mental characteristics. A few weeks later optimistic delusions suddenly burst out; he was about to make his own fortune and the fortune of his friends, the thousands and hundreds of thousands poured from his lips in the flow of magniloquence we know so well—a flow that was soon rendered almost unintelligible by the usual characteristic failure of articulation, and the disease ran a rapid course to its common termination. In such a case, if the initial hemiplegia is slight and transient, it may be difficult to say whether the attack is due to an organic lesion, or is one of those unorganic attacks that occur in the course of this disease. I think that we must regard the hemiplegia as primary and general—(1) wherever there are no preceding symptoms, slight or considerable, suggestive of general paralysis; (2) when the palsy is so considerable that the symptoms last for more than a week; (3) when a distinct interval separates this attack from the chronic symptoms; and (4) when there are no recurring attacks of similar character.

Another difficulty is due to the fact that in general paralysis attacks occur in which, instead of the sudden weakness of hemiplegic character, there are unilateral symptoms characteristic of a local "discharge" in the brain. When such discharge is so great and so situated as to cause actual convulsion, there is less risk of this particular error, but sometimes there are other sudden symptoms, more equivocal in character, such as tingling beginning in some part and spreading through the side, and accompanied, it may be, by inhibitory weakness or with temporary aphasia. Such attacks have often been ascribed to syphilitic vascular disease. The latter, however, does not cause such definite, limited, "discharges" as a first symptom. These always suggest a chronic process, and not a sudden lesion, and therefore, in the absence of signs of tumour or meningitis, the degenerative malady should always be thought of. This is true also if there have been similar attacks before, or changes in mind or speech, however slight.

Among the innumerable diagnostic problems that invite and almost demand consideration, I can notice only one

other group—those that relate to the palsies of the ocular muscles. These are among the most frequent manifestations of the influence of syphilis on the nervous system. The long and varied course of the ocular nerves exposes them to many kinds of specific damage. Arterial disease seldom interferes with their functions, and when it does, it is only by causing a sudden vascular lesion, distinguished by the complex associated derangement produced, and by the actually sudden onset. Gummata and local meningitis may damage nerves at the base of the brain, and the locality of the lesion is then indicated by the grouping of the nerves affected; the two processes are sometimes distinguishable by the greater interference with the central organs, or with the motor tract in the crus and pons, and also by the greater frequency of optic neuritis in gummata than in meningitis of the posterior part of the base. Optic neuritis may be readily caused by meningitis when this is in the fore part of the base, so that this distinction must depend on the evidence of the position of the disease. Gummata on the nerve trunks themselves can scarcely be distinguished from inflammation. In any part of their course they may be the seat of a syphilitic neuritis, and this is probably the most common cause of an isolated affection of a single nerve or of a single branch. Thus, every diagnosis involves the careful consideration of the symptoms and their combination, as well as of their mode of onset and associations. The subject is too large for me to do more than thus indicate the lines on which it must be approached. It needs, indeed, to receive a thorough investigation in the light of the pathological facts that are scattered through medical literature, and which need to be greatly increased in number before our diagnosis can be exact.

The greatest difficulties in these cases arise from the fact that ocular palsies are caused by some of the effects of syphilis that are not specific in their nature. An isolated palsy of the third nerve in a young man, known to have suffered from the constitutional disease, was naturally supposed to be truly specific. But treatment, although prompt and thorough, had no influence on it. One day he suddenly became unconscious, and died in a few hours. We can scarcely doubt that an aneurysm due to syphilis caused the palsy and his death. But the most frequent non-specific causes of these symptoms are the consecutive degenerations. These may set in before the period of true specific lesions has passed, and the ocular nerves constitute one of the regions in which the symptoms of the two kinds most often coincide. More frequent than actual coincidence is the doubt produced by it:—Is this palsy due to a true specific lesion, or is it part of nerve degeneration that is a non-specific sequel to syphilis? The question is of great importance in regard both to prognosis and to treatment. In cases of locomotor ataxy that occur comparatively early, this difficulty is especially frequent. The distribution of the symptoms may furnish an answer, as we shall see in a moment. Sometimes the suddenness of the onset raises a strong presumption that the palsy is tabetic, and not specific. The same conclusion is indicated when symptoms quickly lessen without treatment and soon afterwards return. The nature of many of these tabetic palsies is doubtful, but some are certainly due to nuclear degeneration. These, as we saw in the first lecture, are often sequelæ of syphilis. Their distinction from a true specific lesion is another problem of much difficulty—a difficulty further increased by the fact that the nuclear affection seems sometimes to follow a peripheral palsy so directly that the symptoms of one pass into those of the other.

The most important characteristics of the nuclear palsy is the association of muscles according to function, its bilateral distribution, and its persistence in spite of treatment. In most true specific lesions prompt treatment has an influence which is absent in the degenerative maladies. I need not trouble you with instances of these features. They are important distinctions both in the isolated degeneration and in that associated with tabes. I may add to these distinctions the therapeutic test, which is often of great importance in the diagnosis, but is of negative significance only when the proper treatment has been employed early.

As I have said, the nuclear degeneration sometimes seems to follow a specific palsy, and chiefly when, from the lateness of treatment, this has lasted long and recovered imperfectly. A curious speculation is suggested by this—a speculation which I may indulge myself by starting, although I may not pursue it. Is this semblance of causation a real indication? Conduction through motor fibres is arrested; this arrest may, perhaps must, modify the action of the cells from which the fibres conduct, for the fibres do not carry force as tubes, but by an action like that of the cells, although far lower in degree. The functional disturbance of the centre must entail changes in nutrition, as every functional state does. We see the effects of prolonged arrest of conduction in the altered action of the facial muscles after prolonged disease of the nerve trunk. It is conceivable that, given a predisposition to degeneration, the changes in nutrition excited by the arrested action may acquire an independent energy and assume an independent course. The conclusion is, moreover, not without indirect support from some of the facts of physiology.

A tendency is often to be observed in the present day to underrate diagnosis, or at least the elaborate diagnosis of which the diseases of the nervous system furnish so many examples. In the face of the urgent needs of suffering humanity, with its mute or uttered cry for the relief we cannot always give, our precise distinctions and elaborate processes may seem like an ingenious device for interesting us, while the patient suffers. That such an impression is wholly wrong I need not say to those who hear me now. But the tendency is real; it is reflected beyond our own ranks; and I may give one warning, a warning to myself as well as to others, that we should be always on our guard lest we do anything, by word or manner, that may excite or foster the feeling to which I refer. Diagnosis must come before treatment, but this should make us careful lest we produce an impression that we regard the order of the two in time as also that of their importance—an impression easily produced when, as often, the treatment is plain and its methods familiar, while the diagnosis is complex and its processes are strange. Surely the diseases we are now considering supply a strong reproof to those who consider that, "to say the least, diagnosis is somewhat overdone." Such diagnosis that can be described as rough and ready may serve to make our treatment effective in the majority of cases; but there are many in which only a most careful and even elaborate diagnosis will enable us to do all that can be done; and there are not a few in which the utmost degree of care and elaboration is needed to save us from being wrong in our treatment, often wholly wrong, and sometimes disastrously wrong. I could give many instances of this, striking and sad, but it is needless to do so, and it may be unwise. My own conviction is that diagnosis in itself cannot be overdone. To permit diagnosis to be studied and employed at the expense of treatment is a proceeding against which no words are too strong. To cultivate at the expense of its application that which has no other end should, in medicine, be a sin beyond the reach of pardon. But, as a guide to treatment and prognosis, we cannot well know too minutely the seat of the maladies we are treating, and we assuredly cannot know too certainly their nature. Our art may be all-powerful to save; but without guidance it is useless—a hand to use without an eye to see. When the disease is beyond our present means of combating it, the same guidance is still needed to save the patient from that which without power of good may not be without capacity for harm; and I believe that there is no point in diagnosis, however elaborate it may be or superfluous it may seem, which is not, or will not be, in some case or at some time of definite and even essential service in enabling life to be saved or health restored.

THE ROYAL HOSPITAL, WEYMOUTH.—Sir R. N. Howard presided at the annual meeting of this institution, held on the 24th ult. The medical report stated that the result of the medical treatment of the out- and in-patients had been satisfactory. The total number admitted to the benefits of the dispensary from its foundation in 1816 was 35,880. The total number received as in-patients from the opening of the hospital in 1836 was 2004—grand total, 37,884. From the treasurer's statement it appeared the expenditure was £591 12*s.* 2*d.*, and the receipts from all sources £541 2*s.* 3*d.*, leaving a debit of only £50 10*s.*

NOTTINGHAM HOSPITAL FOR WOMEN.—The special feature of the annual report for 1888 of this hospital is the purchase of the house at present occupied. Sixty-three in-patients had been admitted during the year, most of whom required operative and other special treatment.

Address
ON
LONDON, ANCIENT AND MODERN, FROM A MEDICAL POINT OF VIEW.

Delivered to the Medical Society of University College,

BY G. V. POORE, M.D., F.R.C.P.[1]

GENTLEMEN,—I shall best show how highly I appreciate the honour you have done me in asking me to deliver the annual address to your Society by proceeding at once to deal with the subject which I have chosen for my discourse. I have thought it advisable to select one that is a little off the line of your ordinary studies, and, in asking your attention to some facts bearing on the history of medicine in London, I would remind you that it is well for us to look backwards occasionally, for by so doing we are the better able to appreciate our present position, and are likely to make a juster forecast of the future.

In giving an account of the profession of medicine as seen in London, both in ancient and modern times, one cannot do better than begin with that "Doctour of Phisik" described by Chaucer as setting out from the "Tabard" in Southwark with the other pilgrims bound for the shrine of St. Thomas of Canterbury about the year 1380. Chaucer's lines have been often quoted, but I make no apology for giving them once more, because the description of the "doctour" bears the stamp of truth and is sufficiently minute to bring the individual before us:—

> "There was also a Doctour of Phisik,
> In al this world ne was ther non him lyk
> To speke of Phisic and of Surgerye."

It may be that the poet means to convey the idea that doctors of the fourteenth century, like some of those of the nineteenth, were prone to talk "shop."

> "For he was grounded in astronomye."

Astrology at this time was an essential part of medicine, and the simplest remedies were not applied without consulting the stars, so that to be "grounded in astronomye" was most essential.

> "He kept his pacient wondurly wel
> In houres by his magik naturel.
> Wel cowde he fortune the ascendent
> Of his ymages for his pacient."

Here we have reference to mystical modes of treatment which were then much in vogue. Amulets and charms were constantly prescribed; the doctrine of signatures—i.e., the giving of those plants having some slight resemblance to parts of the human body or to some prominent symptom of disease, for the relief of the organs or diseases which they resembled—was in every-day use; and the treating of images in order to affect the original of the image was a constant practice among witches, and was probably used by the profession.

> "He knew the cause of every maladye
> Were it of cold or hete or moyst or drye,
> And where thei engendrid, and of what humour."

Here we have allusion to the Hippocratic humoral pathology as developed by Galen.

> "He was a verrey parfight practisour,
> The cause i-knowe, and of his harm the roote
> Anon he yaf the syke man his boote" (remedy).

Quick diagnosis and prompt treatment.

> "Ful redy hadde he his apotecaries
> To sende him dragges, and his letuaries,
> For eche of hem made othur for to wynne.
> Here frendschipe was not newe to begynne."

It would seem that even in Chaucer's time the advertising druggist was as pushing as at present.

> "Wel knew he the olde Esculapius,
> And Deiscorides, and eeke Rufus,
> Old Ypocras, Haly and Galien;
> Serapyon, Razis and Avycen;
> Averrois, Damascen, and Constantyn,
> Bernard and Gatisden, and Gilbertyn."

Our friend's library was tolerably complete, for here we have a list of the medical "scriptures," Greek, Roman, and Arabian, an acquaintance with which was the whole duty of a physician, and which to doubt was heresy. The last two names on the list refer to John of Gaddesden and Gilbert, both English writers, of whom I shall have a few words to say presently.

> "Of his diete mesurable was he,
> For it was of no superfluité,
> But of gret norischng and digestible."

Doubtless there were many things then which took the place of pancreatic emulsion and extract of malt.

> "His studie was but litel on the Bible."

This line is frequently quoted to show that the scepticism with which doctors are often charged is of no modern growth. The point of the line is, however, to be found in the fact that Chaucer's doctor was certainly a priest, as were all the physicians of his time, and that the practice of medicine had drawn him away, somewhat unduly perhaps, from the clerical profession, to which he also belonged.

> "In sangwyn and in pers he clad was al,
> Lyned with taffata and with sendal."

A robe of scarlet and sky-blue, lined with silk. Equally gorgeous doctors may be seen at the present time by those who attend at Burlington-gardens on "Presentation Day."

> "And yit he was but esy in dispence;
> He kepte that he wan in pestilence.
> For gold in phisik is a cordial;
> Therefore he lovede gold in special."

The priest-physician was fully as fond of his fees as are any of his successors. But to come to particular instances which prove the truth of Chaucer's graphic picture.

The "Gilbertyn" of Chaucer's doctor was Gilbertus Anglicus, an Englishman who wrote a work on medicine about the year 1290, and it is remarkable from the fact that it gave the first description of leprosy written by western writers, leprosy being a disease which has long ceased to exist in this country. He treated apoplexy with ants' eggs, scorpions' oil, and the flesh of lions; but where he obtained this latter commodity it is hard to tell. For urinary calculi he advised the administration of the blood of a he-goat fed upon parsley and saxifrage.

John of Gaddesden was a graduate of Merton College, Oxford, and wrote his famous medical treatise, "Rosa Anglica," about 1305. He is said to have been greedy of money, and he recommends his contemporaries to make arrangements about fees before undertaking a case. He was an ecclesiastic, and was court physician to Edward II. and Edward III. He tells us that bleeding is hurtful at the time of the feasts of St. John and St. Stephen, but necessary at Christmas because of the custom of overloading the stomach with cakes at that season. Pigs' dung was his favourite hæmostatic; and when the son of the King had small-pox, he was careful that everything about his couch should be red.

In South's "Craft of Surgery" is a most interesting and full account of John of Arderne, one of the earliest English writers on surgery. This worthy was a specialist for the cure of fistula, and dwelt at Newark between 1349 and 1370, when he moved to London. His work "Praxis Medica" is among the Sloane Manuscripts in the British Museum. He made his great reputation by curing Sir Adam Everyngham of fistula after he had been pronounced incurable by the chief doctors in France. He relates the cases (some of them with details) of other patients. The most interesting of the writings of John of Arderne is that entitled "Of ye Manere of ye Leche," because it throws a flood of light on professional manners and ethics in the fourteenth century. The following paragraphs (taken from South) are well worth quoting; but in doing so I think it advisable to (in some degree) modernise the spelling and the expressions:—"First, it behoveth him that will profit in this craft that he set God ever before him in all his works, and evermore call meekly with heart and mouth his help, and occasionally, according to his power, give of his earnings to the poor, that they by their prayers may get him grace of the Holy Ghost. Let him not be found rash or boastful in his words or deeds. And let him abstein from much speaking, especially among the great. And let him answer questions warily, lest he be overtaken by his words..... Also be a leche not much laughing nor much playing, and let him as much as may be fly the fellowship of knaves and disreputable persons. And be he evermore occupied in

[1] Considerable additions have been made to this address since its delivery

things beholding to his craft, whether he read or study, write or pray, for the exercise of books whorshippeth a leche.....And above all this, it profiteth to him that he be found evermore sober, for drunkenness destroyeth all virtue, and bringeth it to nought, as sayth a wise man. Be he content in strange places with the meat and drink there found, using measure in all things.....Scorn he no man..... And if there be made speech to him of any leche, neither set him at nought, nor praise him too much, nor commend him, but thus may he courteously answer: 'I have not any knowledge of him, but I have neither learned nor heard of him but good and honest.'.....Consider he not over openly the lady or the daughters, or other fair women in great men's houses, 'ne profre them not to kisse, ne touche not prively ne apertely their pappes ne their handes ne their share, that he come not in to the indignacion of the lord ne of noon of his.'.....When such men come to the leche to ask help or counsel, it speedeth that he make seeming excuses, that he may not incline to their asking without harming or without indignation of some great man or friend, or for necessary occupation; or feign he him hurt, or for to be sick, or some other convenient cause by which he may likely be excused. Therefore if he will favour to any man's asking, make he covenant for his travail and take it beforehand.....And if he see the patient, pursue busily the cure then, and ask he boldly more or less, but ever be he warre of scarce askings, for over scarce askings setteth at nought both the market and the thing. Therefore for the cure of fistula in ano, when it is curable, ask he competently of a worthy man and a great an hundred marks or forty pounds, with robez and feez of an hundred shillyns terme of life, by year. And take he not less than an hundred shillyns, for never in als my life took I less than an hundred shillyns for cure of that sekeness." John of Arderne advises that prognosis should be very guarded, and that as to the time of recovery it is good to say double what you think, and if the patient ask "why he putte him so long a time of curying, sithe that he heled him by the halfe? Answer he, that it was for that the patient was strong hearted and suffered well sharp things, and that he was of good complexion and had able flesh to heal, and feign he other causes pleasable to the patient, for patients of such words are proud and delighted." The leech is further advised to dress like a clerk (i.e., a priest), "for why it seemeth any discrete man clad with clerk's clothing to occupy gentlemen's boards." "Have the leche also clean hands and well shapen nails, cleansed from all blackness and filth." There are many other directions for conduct given in this remarkable document, and sundry extracts from Scripture are given as suitable for quotation by the bedside: "And it speedeth that a leech can talk of good tales and of honest that may make the patient to laugh, as well of the biblee as of other tragediez." Finally, he is charged to most scrupulously observe all professional confidences. It is evident that John of Arderne was a consummate man of the world and knew all the tricks of his trade. His fees seem to have been enormous, and, indeed, he is only one out of many examples among our early professional forerunners who made very large professional incomes.

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on to provide that all who practise medicine and surgery (except graduates of the University) shall be previously examined, approved, and admitted by the Bishop of London or the Dean of St. Paul's, or (for the country) by the bishop of the diocese, who shall call to his aid for this purpose four doctors of physick, "and for surgery other expert persons in that faculty." The penalty for evading the Act was £5 for each month of illegal practice. Two years later an Act was passed giving to the members of the Guild of Barber-Surgeons (not exceeding twelve) exemption from bearing arms or serving on inquests.

(To be continued.)

JENNER'S INQUIRY INTO THE CAUSES AND EFFECTS OF THE VARIOLÆ VACCINÆ.

BY SAMUEL WILKS, M.D., F.R.S.

I HAVE always been in complete agreement with Sir J. Simon in his estimate of Jenner's work, contained in his advice "to study thoroughly that masterpiece of medical induction, and imitate the patience and caution and modesty with which Jenner laid the foundation of every statement he advanced." For myself, I have always recommended it to students as a model of scientific investigation. The very title of his book marks the character of the man. He seemed to possess in a marked degree the scientific spirit. He first observed, then pondered, and afterwards theorised; finally putting to the test the value of his conclusions. This is the mode which every man in the search of truth pursues. I have therefore never hesitated to recommend his work to students as a model of research, and to the adversaries of vaccination both in and out of the profession. I have insisted on its perusal as demonstrating the sure basis on which the practice was founded. Instead of following my advice, however, my opponents have thrust into my hands a book by Dr. Creighton, the object of which is to show not only the inutility of vaccination, but to suggest that, under this name, a loathsome disease allied to syphilis is being disseminated through the population. I have even been requested, as an official at the College of Physicians, to say what steps we are now about to take to procure the abolition of the obnoxious Vaccination Act. That the readers of Dr. Creighton's book on "Cow-pox and Vaccinal Syphilis" should come to their conclusion does not seem remarkable when they peruse such passages as these: "The real affinity of cow-pox is not to the small-pox but to the great-pox. The vaccinal roseola is not only very like the syphilitic roseola, but it means the same sort of thing. The vaccinal ulcer of every-day practice is, to all intents and purposes, a chancre." "Cow-pox sores must be credited with a power of producing secondary symptoms, not because they have the contamination of venereal-pox in them, but because their nature is the same as, or parallel with, that of the venereal-pox itself." Dr. Creighton's object has been to damage the doctrine of the protective nature of vaccination in every way he can, and this is in part effected by undermining Jenner's character, for he says: "On reading Jenner's essays on cow-pox inoculation, I seemed to find myself dealing with reasonings which were anything but masterly, and with a writer who was never precise when he could be vague, and never straightforward when he could be secretive." The author would probably say that his object was not to review so well known a book as Jenner's "Inquiry," but merely to criticise its weak parts, and so damage the conclusions. As a matter of fact, I have not found a single opponent of vaccination who has read the original work, though he has been ready to accept unfair criticisms upon it. I have therefore taken the trouble to quote, for the benefit of my correspondents, the leading facts and incontrovertible conclusions contained in the original essays. These cannot, and never have been, gainsaid, and it is highly important at the present time that they should be known to all. I therefore ask to be permitted to make use of THE LANCET to publish these extracts, as by this means I shall be enabled to give them a greater circulation.

In the first place, it should be remembered that the opportunity possessed by Jenner of testing the value of his doctrine can never occur again; his proof was of the positive kind, which, if emanating from the physiological laboratory, would be unquestioned. It was of the kind where an animal fails to be inoculated with poisonous matter after having been subjected to a previous inoculative process. I do not know how many instances would be required to prove the immunity under these circumstances, but in the case of the human experiment the examples amounted to hundreds. In Jenner's time inoculation by small-pox was in vogue, and therefore numbers of persons who had been vaccinated or who had obtained the cow-pox from the cow itself were submitted to the crucial test. For example, a hundred or more of men in a regiment were inoculated with small-pox, and a few did not take it; these were they who had had previously the cow-pox or had been vaccinated. Nothing could be more striking than such facts as these, and therefore far beyond all the surprising statements in Dr. Creighton's book is the remarkable circumstance of his ignoring altogether Jenner's main argument, which he makes so conspicuous by its absence.

Jenner begins his essay by stating that it had long been observed that those who milked cows and acquired vesicles on their hands were proof against small-pox. He then goes on to say that when the eruption was observed on cows and on the human hands it was often remarked that horses in the same farm had a vesication on the heels. Dr. Creighton makes use of Jenner's belief in all these diseases being the same by further prejudicing the public mind in suggesting that Jenner inoculated "horse grease" into human beings. But nothing can be said against Jenner's cautious conclusions in the matter, for, after giving a description of the disease, he says he considers it highly probable that the affection of the cow and the horse may be the same, being carried by the hand. I might remark, too, that Dr. Creighton also endeavours to throw disrepute upon vaccination by using such terms as ulcer, chancre, phagedæna, &c., but anyone who takes up Jenner's book will only see very beautiful portraits of cow-pox exactly of the nature of that with which everyone is now familiar.

Jenner gives his cases seriatim, with name and date in the most orderly manner. One or two examples may be given as specimens.

CASE 1.—Joseph Merritt had been affected with cow-pox on the hands from milking. In 1795 a general inoculation took place, and Merritt was inoculated with his family. Though the variolous matter was repeatedly inserted into his arm, it was found impossible to infect him with it. During the whole time his family had the small-pox—one of whom had it very full—he remained in the house with them, but received no injury from the exposure to the contagion.

CASE 2.—Sarah Pollock was a servant at a farm, and had several years before been infected with the cow-pox. In the year 1792, considering from this circumstance she was secure from the infection of small-pox, she nursed one of her children who had caught the disease, but no ill effect followed. During the time she remained in the infected room variolous matter was inserted in both her arms, but without any further effect than in the preceding case.

Jenner gives a long list of similar cases.

CASE 4 was that of a woman who had had cow-pox, in whom inoculation produced only a slight evanescent sore, and who was repeatedly engaged as a nurse on small-pox patients.

CASE 5, in same way, could not be inoculated, and attended with impunity small-pox patients.

CASE 8 was that of a woman who had had cow-pox thirty-eight years before, and therefore Jenner was anxious to ascertain if its efficacy still remained. He inoculated her by two incisions and rubbing in the variolous matter. A little efflorescence occurred, which soon subsided, and no indisposition followed.

Jenner observes that, as a rule, those who had had the small-pox were proof against cow-pox, although he had occasionally noticed the contrary, and he had even seen fatal small-pox in a man who was marked by a previous attack,

CASE 12.—The paupers of the village of Tortworth were inoculated, and amongst them were eight persons who had had the cow-pox; none of these received the variolous infection either from the arm or from mixing in the society of the other patients, who were inoculated at the same time.

CASE 17.—A boy aged eight was inoculated on May 8th from the hand of a dairymaid, and the usual pustules

things beholding to his craft, whether he read or study, write or pray, for the exercise of books whorshippeth a leche.....And above all this, it profiteth to him that he be found evermore sober, for drunkenness destroyeth all virtue, and bringeth it to nought, as sayth a wise man. Be he content in strange places with the meat and drink there found, using measure in all things.....Scorn he no man..... And if there be made speech to him of any leche, neither set him at nought, nor praise him too much, nor commend him, but thus may he courteously answer: 'I have not any knowledge of him, but I have neither learned nor heard of him but good and honest.'.....Consider he not over openly the lady or the daughters, or other fair women in great men's houses, 'ne profre them not to kisse, ne touche not prively ne apertely their pappes ne their handes ne their share, that he come not in to the indignacion of the lord ne of noon of his.'.....When such men come to the leche to ask help or counsel, it speedeth that he make seeming excuses, that he may not incline to their asking without harming or without indignation of some great man or friend, or for necessary occupation; or feign he him hurt, or for to be sick, or some other convenient cause by which he may likely be excused. Therefore if he will favour to any man's asking, make he covenant for his travail and take it beforehand.....And if he see the patient, pursue busily the cure then, and ask he boldly more or less, but ever be he warre of scarce askings, for over scarce askings setteth at nought both the market and the thing. Therefore for the cure of fistula in ano, when it is curable, ask he competently of a worthy man and a great an hundred marks or forty pounds, with robez and feez of an hundred shillyns terme of life, by year. And take he not less than an hundred shillyns, for never in als my life took I less than an hundred shillyns for cure of that sekeness." John of Arderne advises that prognosis should be very guarded, and that as to the time of recovery it is good to say double what you think, and if the patient ask "why he putte him so long a time of curying, sithe that he heled him by the halfe? Answer he, that it was for that the patient was strong hearted and suffered well sharp things, and that he was of good complexion and had able flesh to heal, and feign he other causes pleasable to the patient, for patients of such words are proud and delighted." The leech is further advised to dress like a clerk (i.e., a priest), "for why it seemeth any discrete man clad with clerk's clothing to occupy gentlemen's boards." "Have the leche also clean hands and well shapen nails, cleansed from all blackness and filth." There are many other directions for conduct given in this remarkable document, and sundry extracts from Scripture are given as suitable for quotation by the bedside: "And it speedeth that a leech can talk of good tales and of honest that may make the patient to laugh, as well of the biblee as of other tragediez." Finally, he is charged to most scrupulously observe all professional confidences. It is evident that John of Arderne was a consummate man of the world and knew all the tricks of his trade. His fees seem to have been enormous, and, indeed, he is only one out of many examples among our early professional forerunners who made very large professional incomes.

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JENNER'S INQUIRY INTO THE CAUSES AND EFFECTS OF THE VARIOLÆ VACCINÆ.

BY SAMUEL WILKS, M.D., F.R.S.

I HAVE always been in complete agreement with Sir J. Simon in his estimate of Jenner's work, contained in his advice "to study thoroughly that masterpiece of medical induction, and imitate the patience and caution and modesty with which Jenner laid the foundation of every statement he advanced." For myself, I have always recommended it to students as a model of scientific investigation. The very title of his book marks the character of the man. He seemed to possess in a marked degree the scientific spirit. He first observed, then pondered, and afterwards theorised; finally putting to the test the value of his conclusions. This is the mode which every man in the search of truth pursues. I have therefore never hesitated to recommend his work to students as a model of research, and to the adversaries of vaccination both in and out of the profession. I have insisted on its perusal as demonstrating the sure basis on which the practice was founded. Instead of following my advice, however, my opponents have thrust into my hands a book by Dr. Creighton, the object of which is to show not only the inutility of vaccination, but to suggest that, under this name, a loathsome disease allied to syphilis is being disseminated through the population. I have even been requested, as an official at the College of Physicians, to say what steps we are now about to take to procure the abolition of the obnoxious Vaccination Act. That the readers of Dr. Creighton's book on "Cow-pox and Vaccinal Syphilis" should come to their conclusion does not seem remarkable when they peruse such passages as these: "The real affinity of cow-pox is not to the small-pox but to the great-pox. The vaccinal roseola is not only very like the syphilitic roseola, but it means the same sort of thing. The vaccinal ulcer of every-day practice is, to all intents and purposes, a chancre." "Cow-pox sores must be credited with a power of producing secondary symptoms, not because they have the contamination of venereal-pox in them, but because their nature is the same as, or parallel with, that of the venereal-pox itself." Dr. Creighton's object has been to damage the doctrine of the protective nature of vaccination in every way he can, and this is in part effected by undermining Jenner's character, for he says: "On reading Jenner's essays on cow-pox inoculation, I seemed to find myself dealing with reasonings which were anything but masterly, and with a writer who was never precise when he could be vague, and never straightforward when he could be secretive." The author would probably say that his object was not to review so well known a book as Jenner's "Inquiry," but merely to criticise its weak parts, and so damage the conclusions. As a matter of fact, I have not found a single opponent of vaccination who has read the original work, though he has been ready to accept unfair criticisms upon it. I have therefore taken the trouble to quote, for the benefit of my correspondents, the leading facts and incontrovertible conclusions contained in the original essays. These cannot, and never have been, gainsaid, and it is highly important at the present time that they should be known to all. I therefore ask to be permitted to make use of THE LANCET to publish these extracts, as by this means I shall be enabled to give them a greater circulation.

In the first place, it should be remembered that the opportunity possessed by Jenner of testing the value of his doctrine can never occur again; his proof was of the positive kind, which, if emanating from the physiological laboratory, would be unquestioned. It was of the kind where an animal fails to be inoculated with poisonous matter after having been subjected to a previous inoculative process. I do not know how many instances would be required to prove the immunity under these circumstances, but in the case of the human experiment the examples amounted to hundreds. In Jenner's time inoculation by small-pox was in vogue, and therefore numbers of persons who had been vaccinated or who had obtained the cow-pox from the cow itself were submitted to the crucial test. For example, a hundred or more of men in a regiment were inoculated with small-pox, and a few did not take it; these were they who had had previously the cow-pox or had been vaccinated. Nothing could be more striking than such facts as these, and therefore far beyond all the surprising statements in Dr. Creighton's book is the remarkable circumstance of his ignoring altogether Jenner's main argument, which he makes so conspicuous by its absence.

Jenner begins his essay by stating that it had long been observed that those who milked cows and acquired vesicles on their hands were proof against small-pox. He then goes on to say that when the eruption was observed on cows and on the human hands it was often remarked that horses in the same farm had a vesication on the heels. Dr. Creighton makes use of Jenner's belief in all these diseases being the same by further prejudicing the public mind in suggesting that Jenner inoculated "horse grease" into human beings. But nothing can be said against Jenner's cautious conclusions in the matter, for, after giving a description of the disease, he says he considers it highly probable that the affection of the cow and the horse may be the same, being carried by the hand. I might remark, too, that Dr. Creighton also endeavours to throw disrepute upon vaccination by using such terms as ulcer, chancre, phagedæna, &c., but anyone who takes up Jenner's book will only see very beautiful portraits of cow-pox exactly of the nature of that with which everyone is now familiar.

Jenner gives his cases seriatim, with name and date in the most orderly manner. One or two examples may be given as specimens.

CASE 1.—Joseph Merritt had been affected with cow-pox on the hands from milking. In 1795 a general inoculation took place, and Merritt was inoculated with his family. Though the variolous matter was repeatedly inserted into his arm, it was found impossible to infect him with it. During the whole time his family had the small-pox—one of whom had it very full—he remained in the house with them, but received no injury from the exposure to the contagion.

CASE 2.—Sarah Pollock was a servant at a farm, and had several years before been infected with the cow-pox. In the year 1792, considering from this circumstance she was secure from the infection of small-pox, she nursed one of her children who had caught the disease, but no ill effect followed. During the time she remained in the infected room variolous matter was inserted in both her arms, but without any further effect than in the preceding case.

Jenner gives a long list of similar cases.

CASE 4 was that of a woman who had had cow-pox, in whom inoculation produced only a slight evanescent sore, and who was repeatedly engaged as a nurse on small-pox patients.

CASE 5, in same way, could not be inoculated, and attended with impunity small-pox patients.

CASE 8 was that of a woman who had had cow-pox thirty-eight years before, and therefore Jenner was anxious to ascertain if its efficacy still remained. He inoculated her by two incisions and rubbing in the variolous matter. A little efflorescence occurred, which soon subsided, and no indisposition followed.

Jenner observes that, as a rule, those who had had the small-pox were proof against cow-pox, although he had occasionally noticed the contrary, and he had even seen fatal small-pox in a man who was marked by a previous attack,

CASE 12.—The paupers of the village of Tortworth were inoculated, and amongst them were eight persons who had had the cow-pox; none of these received the variolous infection either from the arm or from mixing in the society of the other patients, who were inoculated at the same time.

CASE 17.—A boy aged eight was inoculated on May 8th from the hand of a dairymaid, and the usual pustules

appeared. In order to ascertain if the boy was secure from the contagion of small-pox, he was inoculated on July 1st with variolous matter immediately taken from a pustule. Slight punctures and incisions were made on both his arms and the matter carefully inserted, but no disease followed. Several months afterwards he was again inoculated with variolous matter, but no sensible effect was produced.

Jenner then proceeded with like care to describe cases up to Case 23, when he considered he need go no further. He then quotes from a friend who had tried to inoculate two boys who had had the cow-pox, and who adds, "in order to convince myself that the variolous matter made use of was in a perfect state, I at the same time inoculated a patient with some of it who had never gone through the cow-pox, and it produced the small-pox in the usual manner."

Showing how ready Jenner was to hear all objections and the possibility of infections matters of other kinds being introduced by the operation, he says, "That the true cow-pox pustule possesses the power I have ascribed to it—viz., that of affecting the constitution with a specific disease—is a truth that no subsequent occurrence has led me to doubt," but continues that when the pustule has degenerated into an ulcer it may possess very different properties. Jenner then published accounts he had had from others confirmatory of his doctrines; amongst others, one from Mr. Drake, surgeon to the Gloucestershire Militia, who says: "In the spring of 1796 I inoculated men, women, and children to the amount of seventy. Many of the men did not receive the infection, although inoculated three times, and kept in the same room with those who eventually underwent the disease during the whole time. I was particular in my inquiries as to whether they had previously had it, but the only information I could obtain was that they had had the cow-pox." Then follows a letter from Mr. Fry of Dursley, who says: "During the year 1797 I inoculated 1475 patients of all ages, from a fortnight old to seventy years, amongst whom were many who had previously gone through the cow-pox. These were about thirty, and there was not a single instance of the variolous matter producing any constitutional effect, although the matter was inserted four, five, or even six times, to satisfy the minds of the patients. In the common course of inoculation previous to the present one, scarcely a year passed without my meeting with one or two instances of persons who had gone through the cow-pox resisting the action of the variolous contagion. I may fairly say that the number of people I have seen inoculated with the small-pox, who at former periods had gone through the cow-pox, are not less than forty, and in no one instance have I known a patient receive the small-pox, notwithstanding they invariably continued to associate with other inoculated patients, and many of them purposely exposed themselves to the contagion of the natural small-pox; whence I am fully convinced that a person who has fairly had the cow-pox is no longer capable of being acted upon by the variolous matter." Then comes Mr. Tierney of the Gloucester Militia, who says that, in the summer of 1798, he inoculated a great number of men belonging to his regiment, and that amongst them he found eleven who, from having lived in dairies, had gone through the cow-pox. All of these resisted the small-pox except one, and on inquiry it was found that this man's account was incorrect, he never having had the cow-pox. Mr. Cline writes to Jenner to say that he had inoculated a child with cow-pox, and that it ran its usual course. He subsequently inoculated the child with small-pox, but with no effect. He adds that Dr. Lister, physician to the Small-pox Hospital, attended the child, and was convinced that it was impossible to give him small-pox, and adds that he thinks the substituting cow-pox for small-pox promises to be one of the greatest improvements that has ever been made in medicine. Dr. Marshall of Eastington writes to Jenner to say that he had inoculated 423 persons with cow-pox virus, and had subjected 211 of these to the action of variolous matter, and everyone resisted it; and adds: "The whole of my observations, founded on an extensive experience, leads me to these obvious conclusions—that those cases which have been or may be adduced against the preventive power of the cow-pox could not have been those of the true kind, since it must appear to be absolutely impossible that I should have succeeded in such a number of instances without a single exception if such a preventive power did not exist."

Jenner concludes his treatise by saying that upwards of 6000 persons had been inoculated with the cow-pox, and the far greater part of these had been inoculated with small-pox and exposed to its infection without any result.

Jenner says in his preface that ingenuity and industry were set in motion to provoke physiological discussion, so that, from the complicated nature of the case, his theory so beneficial to mankind was liable to fall into disrepute. He therefore based his argument on experiments and facts. It is very remarkable how, at the present day, these facts of Jenner are overlooked, so that I do not know a single opponent of vaccination who has read his original "Inquiry," and yet herein is contained the very best possible proof of his incontrovertible doctrine. The few cases I have quoted are sufficient to show on how sure a basis this doctrine of vaccination stands.

It must be remembered that the opponents of compulsory vaccination are actuated by political motives; but they are not content to argue the question from the standpoint of the rights of citizens—a fair enough question: they attack the medical doctrine also, and this without sufficient knowledge. In a similar manner the morality of the Contagious Diseases Act is argued from the point of its worthlessness, and the right of vivisection from the inutility of the practice. Two distinct questions are at issue in all these matters, and I feel convinced that Mr. Allanson Picton[1] would not have confounded them had he read Jenner's writings, and not taken a distorted and erroneous view of these from others.

Grosvenor-street, W.

PARALYTIC DEFORMITY OF THE FOOT.

BY F. R. FISHER, F.R.C.S. ENG.,
SENIOR SURGEON, NATIONAL ORTHOPÆDIC HOSPITAL.

(*Concluded from p. 167.*)

Talipes Calcaneus.

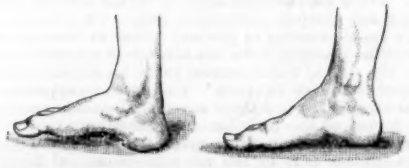
TALIPES CALCANEUS completes the series of cases of paralytic distortion of the foot. It is the most difficult of all the deformities to reduce, but happily it is the least common of occurrence, and still more fortunately it is the one which causes the least inconvenience to the sufferer. The muscular disturbance which precedes the development of this distortion consists in great loss of contractile power of the posterior muscles of the leg, with only slight weakening of the flexors of the foot. The power of extending the foot is extremely feeble or is altogether wanting, so that the heel becomes considerably depressed; the anterior muscles by their over-action increase the depression of the heel and also distort the foot itself, by drawing up that portion of it in front of the transverse tarsal joint, producing the unsightly appearance shown in Fig. 24. This distortion of the foot causes the sole to be shortened, with the development of contraction of the plantar fascia. The pad of the heel becomes much hypertrophied, for on this part of the foot the weight of the body is entirely borne, the anterior portion being lifted completely from the surface. The heel is well able to bear the extra pressure, and the subject suffers but little inconvenience as compared with those who are afflicted with equinus or varus. The difficulty of giving relief to this condition arises from the distortion being chiefly dependent upon relaxation of the posterior muscles rather than upon contraction of the flexors. Excision of a portion of the tendo Achillis has been practised with the intention of shortening the tendon, and so elevating the heel, but, so far as I am aware, the operation has not been attended with success. Fig. 25 illustrates a case in which this operation had been performed, and the result can hardly be considered satisfactory. The shape of the foot can be a good deal improved by dividing the plantar fascia, and by using after the operation an instrument which shall raise the heel and bring down the front part of the foot. This course was pursued in the case last quoted, and the

FIG. 24.

[1] Contemporary Review.

improvement obtained is shown in Fig. 26. In private practice this improvement in the shape of the foot is often regarded as a great gain by the patient, but practically it is not of much value, for the distorted foot

FIG. 25. FIG. 26.



answers its purpose very well. This fact should be considered before undertaking to excise a portion of the Achilles tendon, an operation not unattended with some risk, and of very doubtful value.

Combined forms of Talipes.

Before dismissing the individual cases of paralytic deformity, a few words may be given to so-called combined forms of talipes—viz., talipes equino-varus and talipes calcaneo-valgus. It will have been noticed that all the cases in which the foot has been inverted have been described under the title of talipes varus. This course has been adopted because varus is always complicated by one or other of the characteristics of equinus: either the heel is raised or the front part of the foot is depressed. Calcaneus and valgus do exist separately, but the combined form of these does not often occur with well-marked characteristics of the two distortions in the same foot. It is therefore hardly worth while to make a separate classification of cases of calcaneus complicated by slight eversion of the foot, and of those of valgus with a little depression of the heel.

Paralytic Talipes.

The conditions of talipes which have been illustrated are all such as are to be frequently met with in practice, although several of them, so far as I am aware, have not previously been described. A few varieties might have been added, but they are of interest rather as curiosities than for any practical value they possess, and have therefore been omitted. In the case of a severe attack of infantile paralysis the resulting distortion will not be confined to the foot alone, but the position of the leg upon the thigh, and of the thigh upon the body, will frequently be affected by muscular contraction. To these complications space will not allow me to refer here, further than to remark that their existence does not contra-indicate the treatment of the foot deformity. So long as there is the slightest indication that some contractile power is retained by any of the muscles of the lower extremity, even if this power be limited to the psoas and iliacus muscles only, the case may be treated with the certainty of obtaining a fairly useful limb.

Treatment after tenotomy.—In reducing paralytic deformity we have to deal with a flaccid condition of one or more muscles, together with shortening of those which are in their action opposed to the weakened muscles. The degeneration occurring in muscular fibre which has for some period of time been deprived of functional activity has been so often described that it is unnecessary to enter upon the subject here, but with regard to the altered condition of the contracted opposing muscle there is one point to which I must make brief reference. Clinical observation leads me to infer that structural change in the tissue of the shortened muscle is not developed until some considerable period has elapsed from the time that abnormal contraction first commenced. Evidence on this point is often given in the treatment of that condition of paralytic equinus which is characterised by distortion of the foot with elevation of the heel. (See Figs. 7 and 8.) In reducing this distortion the contraction in the sole is first overcome, and the foot is afterwards restored to its proper position on the leg. Now frequently, when treating such cases in children under ten or twelve years of age, it is found that by the time the shape of the foot has been restored the shortening of the posterior muscles has either disappeared or has become much less marked. During the period of rest, necessitated by the employment of a mechanical appliance in the first stage of treatment, the contracted muscular fibre has relaxed. This fact indicates that the existing shortening has been due to tonic contraction, and not to structural change. In subjects more advanced in life this relaxation after rest does not occur. In the case of children, then, tenotomy must not be hastily performed, and when the surgeon is assured that by its employment only can the resistance be overcome, some little care is required to obtain just the right amount of lengthening of the tendon. A good deal has been written lately about the treatment of deformity after operation, and some rather dogmatic opinions have been expressed as to the right course to pursue. It is, however, impossible to lay down any definite rules on such a matter, the cases vary so much in their nature; but, so far as paralytic deformity is concerned, a few indications may be given as to the safest method to adopt. Rapid reduction of the distortion may be pursued in all adult cases and after all operations in the sole of the foot, with the precaution that until the fourth day after operation the limb should be kept at rest in its original state of deformity. After tenotomy on small tendons quick procedure is not contra-indicated, unless a number of tendons are divided implicating a set of muscles which have a combined action. Again, after section of one large tendon caution must be exercised. From what has been said above as to the spontaneous relaxation of muscular fibre during rest, it is evident that in a case of equinus for which section of the tendo Achillis is required, the after-treatment cannot simply be regulated by measurement. "This heel is so many inches too high, therefore a corresponding amount of tendon must be added after the operation." If the surgeon acts on such reasoning, disregarding the relaxation of the muscle which always occurs, and rapidly brings the foot to the full degree of flexion, he will convert his case of equinus into one of calcaneus. In replacing the foot, regard must be had to the condition of the muscle, as well as to the manner in which the divided tendon becomes reunited. On the latter point the sense of touch will afford every information, for the new material can be distinctly felt beneath the skin. The foot may be brought to a right angle on the leg during the first week, and afterwards, if any doubt exists, it is better to proceed too slowly than to stretch too quickly. The result of the former error can be corrected by a second operation; the latter blunder is irremediable. In no case of paralytic equinus should the full degree of flexion be restored at the time that the patient first begins to use the limb. My own practice is to get as nearly as possible just so much movement that the knee can be brought over the toes without raising the heel from the ground. This position is illustrated in Fig. 27, which gives the result of treatment in the case shown in Fig. 13. This amount of movement is sufficient to meet all the ordinary requirements for walking and running, and, if no more is obtained, the subject is scarcely aware of the deficiency. Some further stretching of the muscle generally occurs, but never to an extent which produces too much lengthening.

FIG. 27.

Harley-street, W.

BEQUESTS AND DONATIONS TO HOSPITALS.—Mr. John Lowcock, late of Broughton Park, Manchester, has bequeathed £500 (free of duty) to the Salford Royal Hospital.—The Viscountess Ossington has given £500 to the Convalescent Home, in connexion with the Chelsea Hospital for Women, Fulham-road.—By the will of Mr. William Mark Fladgate, late of 40, Craven-street, London, £100 has been left to Charing-cross Hospital.—By the will of Mr. James Smith, late of Forbes-road, Green-hill-gardens, Edinburgh, the Edinburgh Infirmary is left £500.—Mrs. Anna Walsh has left £400 to the Mater Misericordiæ Hospital, Dublin.

NOTES ON A CASE OF CEREBRAL ABSCESS.

BY W. TYRRELL BROOKS, B.A. OXON., M.B. LOND.,
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J. P——, aged thirty-eight, a college servant, was admitted into the Radcliffe Infirmary, at Christmas, 1884, with pneumonia and delirium tremens. From this he recovered, and was discharged, but he had an abscess in the leg after leaving the hospital. In July, 1885, he was readmitted with a well-marked attack of right pleuro-pneumonia, which ran a prolonged course (nine weeks), and which was characterised by profuse and offensive expectoration. At the end of the attack he was discharged convalescent. From that date until May, 1888, he was apparently well, except for occasional ailments of a slight character.

During the first week in May, 1888, the man was seized with severe headache, but he was able to get about and do his work as usual. The headache increased in severity, and on May 8th he felt so ill that he went to bed, and whilst lying there he gave a strange cry and was seized with convulsions. The attack lasted a few minutes, and when I came to him (about an hour after the onset of the attack) he appeared drowsy and heavy, like a person recovering from an epileptic fit. He could be roused, and on careful examination I failed to detect any evidence of paralysis, nor was his speech interfered with. His wife described the attack to me as being similar to an epileptic fit, and, as he had been subject to epilepsy many years before, I thought I had a case of epilepsy to deal with. He was ordered a mixture of the alkaline bromides, and the succeeding day, when I saw him, he was much better—in fact, to all appearance, quite recovered. He continued taking the mixture for a few days, and remained at home, keeping quiet, but not lying up.

On May 14th I was again called to him, owing to the fact that he had had another fit. This attack was characterised by the presence of unilateral convulsions affecting the right side of the body and the right limbs. When I reached him some time after the attack, I found that the right arm and leg were rigid, but not paralysed. The pupils were equal, and there was not any evidence of facial paralysis. The speech was slow and thick, but there was not any loss or misplacement of words. He complained chiefly of severe pain over the left parietal region. From this attack he partially recovered in a few days, though the severe pain over the left parietal region remained, and the rigidity of the right arm and leg persisted. Believing that I had to deal with a foreign body, other than a hæmorrhage or an embolus, involving the convolutions bordering on the fissure of Rolando, I offered the patient a bed in the infirmary with the view of considering the advisability of an operation. This was declined, however, by his friends, who did not consider him ill enough to become an in-patient. I then lost sight of him for thirteen days, when his wife came and asked me to take him into the infirmary. In the interval he had become steadily worse, the headache had increased in severity, the right-sided rigidity was marked, and he was very sleepless. I could not discover that he had had any rigors. He was admitted the same day, and the following notes were made on his arrival by the house physician.

"The patient seems in a heavy, drowsy condition, taking very little notice of anything, but rouses up when spoken to. Yawns repeatedly. Seems to have some aphasia; begins to answer a question, and then repeats it, or utters a well-worn phrase, such as 'Can't tell you,' and then yawns. Gives his name correctly, and repeats it when asked his age and occupation. There is rigidity of the right arm and some tremors of the hand and arm. The grip is enfeebled; sensation not destroyed, but blunted. The right leg is much colder than the left, and there is considerable rigidity of the muscles. Patellar reflex exaggerated on both sides, and there is marked ankle clonus, especially on the right side. Shortly after admission (i.e., about 7 P.M.) he was seized with great dyspnœa and became intensely livid; the breathing ceased very soon, but the heart's action continued. Bleeding and artificial respiration were resorted to without avail."

Post-mortem Notes.—Body rather fat; very profuse oozing of venous blood from a wound in the neck. Rigor mortis well marked. Face rather pale. No lividity of the surface. Head: On removing the skull-cap, the dura mater was found to be somewhat adherent to the bone; all the cerebral vessels were markedly engorged with dark venous blood. There was distinct bulging of the cerebral surface over the left temporo-sphenoidal lobe. On removing the brain, a small quantity of pus was found at the base round the medulla, probably from the abscess in the cerebral substance, the wall of which seemed to have yielded slightly at the under surface of the lobe. There was no appearance of general meningitis, but there was more localised meningitis in the region of the medulla. On examining the brain, a large cavity containing thick green pus was found occupying the greater part of the temporo-sphenoidal lobe, and some pus was found in the lateral ventricles. The adjacent parietal lobes were very much softened, and presented all the appearance of commencing breaking-down. There seemed in all to be about two ounces of odourless pus. The brain weighed 49 oz., and, with the exceptions above noted, seemed fairly healthy, and there did not appear to be any degeneration of the vessels. The heart was large, pale, and flabby. The left lung was slightly congested; the right lung was firmly adherent at the base, and there was general congestion of the lung, especially at the base, the substance of which broke down readily under the finger. The liver was large (62½ oz. in weight), soft, flabby, and congested. The kidneys were large (weighing 6¼ oz. and 7 oz. respectively), and markedly congested, their capsules being slightly adherent. The remaining organs were healthy.

Remarks.—The chief point of interest in this case is the question whether the abscess was a primary idiopathic abscess of the brain, or whether it was secondary to disease in some other part of the body. It is unusual to meet with cases of primary abscess of the cerebrum, so much so that writers deny the existence of such cases, believing that a careful examination of the body and an accurate history of the case will bring to light some primary lesion to which the cerebral affection is secondary. In this case the membranes lining the skull were healthy, nor could any disease of the base of the cranium be discovered. The only lesion in the body at the time of death to which the cerebral abscess could be considered secondary was extensive pneumonia of the right lung. This, however, followed the appearance of cerebral symptoms at an interval of several days (at least a week, but probably longer). Failing, then, to find any exciting cause at the time of death, it is, I think, not improbable that the two attacks of pneumonia, from which the patient suffered at intervals of four and three years respectively, originated an abscess in the brain, which remained latent for an unusually long period. In favour of this theory is the character of the two attacks of pneumonia, the first one of which was complicated by delirium tremens, and followed by the development of a secondary abscess in the leg (the attack being looked upon at the time it occurred as of pyæmic nature), whilst the second attack was characterised by the quantity and fetor of the expectoration. Against such a theory is the fact that the abscess presented no signs of encapsulation, a point on which great stress has been laid by authors in considering the age of a cerebral abscess. Another point—of less importance, however—is the unusual length of the latency of abscess, as for three years the patient had been in his usual health and able to work at his employment as a college servant. It is true that cases have been recorded in which a cerebral abscess has remained latent for a long period. Thus Hilton Fagge describes a case which arose secondarily to an attack of pyæmia, the brain symptoms in this case following the original illness at an interval of eighteen months, during twelve of which the patient was at work in the fields. Gowers, too, in discussing this question, states that the duration of the latent period may be from two or three months to several years.

Oxford.

COOKERY AND FOOD EXHIBITION.—The fourth annual Universal Cookery and Food Exhibition is announced to be held at the Riding School, Knightsbridge, from April 30th to May 10th. The object of the exhibition is benevolent as well as educational, several of the London hospitals having a prospective financial interest in its success.

DOUBLE CEREBRAL ABSCESS; TREPHINING; DEATH ON THE FIFTH DAY; NECROPSY.

BY CAMERON KIDD, M.B. LOND., F.R.C.S. ENG.

THE following case is, I think, of interest as illustrating the difficulties attending the diagnosis and treatment of cerebral abscess. The immediate success of the operation led to the happiest anticipations as to the result, while the event proved that the operation, successful as far as it went, had been after all but a partial one, and there was no clue during life to the existence of the larger lesion which eventually proved fatal. The credit of the diagnosis and treatment is very largely due to my partner, Dr. Richard Wood, under whose care the case was, and who strongly urged my early interference.

S. D——, aged thirteen, had been an inmate of the Stoke Prior Reformatory School since April, 1888. No personal or family history was obtainable except that three years ago he received a kick from a horse in the centre of the forehead; since when he had been three times convicted of thieving. On being sentenced to the reformatory, he was passed by the medical officers both at the prison and the school as sound, though seemingly somewhat mentally deficient, and among the body marks was noted the existence of a scar on the forehead. From the date of admission until Nov. 25th he continued apparently healthy, requiring no medical attendance, and doing both field and school work with the other boys; but it was always noticed that his manner was odd and restless and his intelligence seemed deficient, while his gait was sluggish and all his movements either hesitating or spasmodic. On Sunday, Nov. 25th, at 4 P.M., while out walking with a squad in charge of a master, his legs appeared to gradually fail him, and after a few minutes of tottering he fell, without cry, in a convulsive fit. The spasms, which were violent though intermittent, were confined to the right side of the body and face. He was carried home unconscious, and was seen at 5.30 P.M. by our assistant, Mr. Patrick, who, finding other methods fail to check the convulsions, administered chloroform at 6 P.M., two hours after the commencement of the attack. This had the desired effect, and he slept and passed a fairly good night. The next day (Monday) he was considerably improved, the fit having apparently left him in his usual condition, and on Thursday he was judged capable of resuming light work. However, on Friday he became gradually more lethargic than usual, and began to complain of pain in the forehead and back of the neck. On Saturday, Dec. 1st, his condition was still worse; the lethargic condition had increased, and when roused he only complained still of the same pain. Evening temperature 98°; pulse 60. On Sunday, Dec. 2nd, his condition seemed to be deepening into coma, but he could be roused, and still indicated the same seats of pain. During the afternoon of this day Dr. Wood asked me to see the case with a view to operation. The boy was then semi-comatose, though restless; and beyond this there were very few symptoms; no squint or paralysis, no spasm, except a little rigidity of neck; no vomiting. Pupils small, equal, and acting to light. No signs of otorrhœa. Temperature 96°; pulse 48. There was an oblique scar an inch and half long, almost exactly in the centre of the forehead, and he frequently put his hand to this spot.

The boy's condition being apparently hopeless unless some relief could be afforded, it was decided to explore at the above-mentioned point. I was kindly assisted in the operation by Dr. Wood and Dr. Edgar Elliott, of this town; and ether, and subsequently chloroform, were administered by Mr. Patrick. At 4.30 P.M., the patient, having been anæsthetised, the scalp was partially shaved and well washed with soap and hot water, and then with solution of perchloride of mercury (1 in 2000). The bony forehead was then exposed by a semilunar incision, with the convexity upwards, the flap being turned down over the nose and left eye. Beneath the seat of the scar the subcutaneous tissues were strongly adherent to the bone, the adhesions having to be divided with the knife. A three-quarter inch trephine was then applied at this point, being nearly half an inch to the left of the mid-line and at the middle of the vertical line of the forehead. The bone was thick, but, the trephine working well, a circle was quickly removed. The inner surface of the piece removed was normal in every respect. The dura mater was seen to be injected, and on being pinched up with dissecting forceps it proved to be soft and tore easily. Through the rent thus made there immediately welled up greenish sickly-smelling pus. The opening was enlarged, and a quantity of pus, variously estimated at from three to five drachms, escaped. A director, cautiously inserted, entered a cavity in the left frontal lobe. The wound was then thoroughly irrigated with perchloride solution (1 in 5000), and the abscess cavity gently syringed out with the same. There was no hæmorrhage to speak of. The flap was lightly replaced, and a suture inserted at each angle, but the rest of its circumference was left open to ensure free drainage. The wound was dressed with carbolic gauze and sal alembroth wool. The entire operation occupied forty-five minutes. At 11 P.M. the temperature was 98·6°, and the pulse 60. The boy was conscious, said that he felt easier, and the pain was less. There was no vomiting. The pupils were equal.

Dec. 3rd.—10 A.M.: Condition very satisfactory. Conscious. Slept fairly well. No sickness. Temperature 98·4°.—10 P.M.: Temperature 99·5°. Complains of pain in back of head. No sickness. Takes liquid nourishment well. Wound dressed; it looks very well, and there is little discharge. Ice-bag applied to head.

4th.—Temperature 100°. General condition about the same, but his consciousness does not return satisfactorily. A calomel purge acted well. Wound dressed; still looks well; drainage tube inserted under flap; syringed out with perchloride.

5th.—General condition seems favourable; no bad symptoms except the continued semi-unconsciousness. Wound dressed; not at all so well; much grumous discharge, with shreds of brain substance. Temperature 100°.

6th.—Died suddenly at 11.15 A.M., after a restless night. No noticeable symptom about his death. Conscious up to the last.

Necropsy, twenty hours after death.—Head only examined. Skull-cap easily removed. Dura mater softened and ragged at the seat of operation; otherwise nothing noticeable. Brain everywhere very much injected, the ventricles all containing a little blood-stained serum. Abscess cavity in left frontal lobe, admitting point of thumb, empty and evidently contracting; but in the right temporo-sphenoidal lobe was found a large abscess containing nearly two ounces of similar pus. There was no appreciable meningitis, no disease of petrous bone, and no other abscess.

Bromsgrove, Worcestershire.

AN IMPROVED SPLINT FOR THE TREATMENT OF STIFF KNEE.

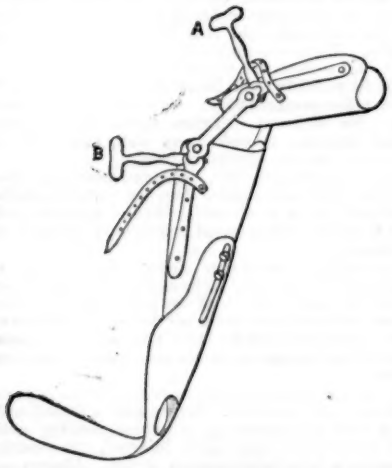
BY E. MUIRHEAD LITTLE, F.R.C.S.,
SURGEON TO THE NATIONAL ORTHOPÆDIC HOSPITAL.

THE splint figured below has been made for me for the treatment of fibrous ankylosis of the knee, and is the result of an attempt to improve on the ordinary MacIntyre's or other simple extension splint by adding an arrangement that shall tend to push forward the heads of the tibia and fibula as the extension proceeds. It too often happens that in straightening a stiff contracted knee we find that, however successful we have been in extending the joint, we have not been able to make the head of the tibia glide round the articular surface of the femur as it does in the normal joint, and that consequently the two segments of the limb are not in one straight line, but at best on two parallel lines. The limb is consequently untrustworthy and unsightly. In the normal knee-joint it may be said that the tibia revolves round an axis which varies in position in different stages of flexion of the joint, but which may roughly be said to pass transversely through the tuberosities of the condyles of the femur, and hence at some distance above the articular surface concerned; at the same time "there is a turning of the tibia upon a transverse axis drawn through its own upper end."[1] As it should be our object in any extension apparatus to imitate and follow the natural mechanism of the joint as much as

[1] See Humphry on the Human Skeleton.

possible, it is, I think, necessary to have these two chief axes of movement in the knee represented, and this has been done in the splint shown in the figure.

This splint is made of japanned sheet iron, with a sliding foot-piece to enable it to be accurately adjusted to the length of the patient's leg. The upper and lower parts of the instrument are connected on each side by a short steel bar, having a rack-and-pinion joint at either of its ends, turned by a key. The upper pair of these joints (A) should be placed higher up than the condyles, in order to exaggerate the radius of the circle through which the head of the tibia moves, and thus to tend, in extending the limb, to force the articular surfaces apart. For the average adult the connecting bars should be three inches in length. The splint is applied so that the lower pair of rackwork joints (B) are on the level of the tuberosities of the tibia. The knee is



held by a square leathern knee-cap, while the leg, foot, and thigh are secured to the splint by strapping and bandages. If necessary, the hamstrings will have been first divided. Extension is then made by turning gradually the two upper racks (A in the figure), while the lower pair (B) are used to keep the splint adjusted to the leg, and imitate the natural turning of the tibia already referred to. When the splint has once been applied, it should only be removed when absolutely necessary. By varying the degree of flexion and extension of the racks the splint is adjustable to any degree of subluxation and flexion, and can be used to rectify displacement in cases where, although the limb is fully extended; the tibia is subluxated, by applying it with the upper joints flexed and the lower extended, so as to place the two segments of the instrument in echelon—to borrow a military phrase.

Park-street, W.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF

DELIRIUM TREMENS FOLLOWING SEA-SICKNESS, AND OCCURRING IN AN OPIUM-EATER,

BY GEORGE GOODEN PARSONS, M.R.C.S., L.S.A.,
SURGEON TO THE STEAMSHIP "UMLAZI," NATAL LINE.

ON Nov. 16th, 1888, at 8 P.M., I was called to Mr. X——, saloon passenger. The history was that he had been sea-sick, and had taken very little food since leaving England three days before, and that now "he seemed to be going mad." The patient was a gentleman aged twenty-eight. I found him in a very excited state, constantly trying to get from his berth and leave the room. His expression was wild; the facial muscles constantly twitching. The pulse was 80, soft and dicrotic; the tongue flabby, covered with a whitish fur, and very tremulous; the breath fetid. He was perspiring profusely. I could learn nothing of the patient's previous history, but the stewards were certain that since coming on board he had not taken any form of alcohol. Having diagnosed the case as one of commencing delirium tremens, I ordered a full dose of castor oil to be administered at once, and placed the patient under constant supervision. At 10 P.M., the bowels having been freely opened, and after I had examined the urine and ascertained the absence of albumen, I administered half a grain of acetate of morphia subcutaneously. This large dose wholly failed to quiet the patient, who gradually became more excited and violent, so that the assistance of two strong men was necessary to prevent his leaving the cabin, which he constantly tried to do, in order to escape imaginary dogs &c. by which he believed himself menaced. The noise of his struggling much alarmed some of the other passengers. After waiting three hours, as his violence continued unabated, I decided to repeat the dose of morphia, and accordingly gave a second hypodermic injection of half a grain. This likewise failed to produce any effect. At the end of three more hours he did not show any sign of drowsiness, and the pupils were only slightly contracted. I now changed the plan of treatment, and administered bromide of potassium in twenty-grain doses every hour. I had no chloral on board. After taking three doses the patient fell into a sleep which lasted over twelve hours. He awoke somewhat exhausted, but quite sensible. After this he rapidly recovered, and at the end of about a week was quite well. I afterwards learnt that this patient had been drinking to excess for some years, though he had never had an attack of delirium tremens previously. The patient also informed me that he had been in the habit of taking opium for more than twelve months, and "frequently took two drachms of the tincture for a dose." He said he first tried it at the suggestion of a friend, when suffering from sleeplessness.

Remarks.—This case of delirium tremens presents, I think, two features of interest. 1. The cause, which was evidently the depression produced by sea-sickness acting on a patient who was the subject of chronic alcoholism. 2. The patient's remarkable insusceptibility to morphia. Had I known or suspected that he was addicted to the opium habit, I should have treated him with bromide of potassium from the first, and the period of violence would probably have been much shortened.

Durban, Port Natal.

A CASE OF

RUPTURE OF THE GALL-BLADDER; PERITONITIS DEATH; NECROPSY; REMARKS.

BY E. J. DE GRUYTHER, L.R.C.P., L.R.C.S., L.M. EDIN.

MRS. S——, aged twenty-nine, who had previously enjoyed good health, with the exception of a few occasional bilious attacks and some uterine trouble, was seized on Oct. 21st with a severe pain in the abdomen and vomiting, after having partaken of a heavy supper of roast pork and currant pudding. I was called to see her about 11.30 P.M., and found her lying on her back, with an anxious countenance, vomiting almost incessantly, the vomit consisting of the food she had eaten. There was pain at the pit of the stomach, but no tenderness of the abdomen; the bowels had acted in the morning. The tongue was clean and moist, the pulse slightly accelerated, the heart sounds weak, the lungs normal, and there was no headache. I prescribed bismuth, soda, and chlorodyne, and ordered a mustard poultice to be applied to the pit of the stomach and hot fomentations to the abdomen.—Oct. 22nd: Pain easier; vomiting still severe; bowels not open; great thirst; urine passed. She was ordered a castor-oil enema and iced brandy-and-milk.—23rd: No pain, but slight tenderness over the region of the stomach. Vomiting still incessant; thirst urgent; urine passed. The bowels had been relieved by the enema, but only hard scybala had come away. An effervescing mixture containing morphia and hydrocyanic acid was ordered, and a dose of calomel was given at night.—24th: Vomiting still continues as severe as before; pulse much weaker; thirst urgent; xtremities cold; patient's

expression one of great anxiety; cannot retain anything on the stomach; bowels open; urine passed. Ordered beef-tea and brandy, milk-and-brandy per rectum every two hours, and iced champagne by the mouth.—25th: Much worse; vomiting and retching incessant, the vomit being acid and containing bile; stools bilious; collapse setting in. Dr. Hine, a neighbouring practitioner, met me in consultation, and morphia and atropine were injected subcutaneously, and a mixture of soda, aromatic spirit of ammonia, and dilute hydrocyanic acid was tried in small doses every hour.—26th: No abatement in the vomiting or retching; vomit dark green, acid, and bilious. No pain; no yellowness of skin or tinging of the conjunctivæ; bowels open; urine passed; patient much collapsed, but quite conscious. A blister was applied to the pit of the stomach. At 5.30 P.M. Dr. W. B. Cheadle, of St. Mary's Hospital, was called in to a consultation. He found the patient in the following condition: lying on her back, legs stretched out; temperature subnormal; tongue clean and moist; almost pulseless at the wrist; extremities cold; vomiting and retching continuously; thirst urgent; no jaundice; no pain, but slight tenderness in the region of the stomach; no tympanites; fæces and urine passed in bed; the abdomen not swollen; patient collapsed. Ordered ether and brandy hypodermically every hour; rectal feeding to be continued, and nothing to be given by the mouth; the lips to be moistened with iced brandy-and-water. This treatment was carried out till the patient died. Death took place at 2 A.M. on the 27th. Retching continued to the last.

A necropsy was held on Oct. 30th. Only the upper part of the abdomen was examined. Body very thin, and very much jaundiced. Putrefaction advanced. The peritoneal cavity contained serum mixed with bile. The peritoneum was injected. The coils of intestines were congested and matted together. Two gall-stones of small size were found. The gall-bladder was ruptured at the fundus; its walls were thin. No stone found in the duct.

Remarks.—This case, following the one recorded by Dr. Cureton, is interesting because there was no jaundice during life, because of the absence of pain, and also by reason of the incessant vomiting and retching for about ninety-six hours. Probably indigestible food set up the vomiting in the first instance: this caused rupture and continuance of retching in more serious form, with other graver symptoms from subacute peritonitis. Probably one of the stones rolled to the opening of the duct (cystic) and blocked it up, and bile being continuously secreted, and unable to escape, the gall-bladder became distended and was ruptured by the violence of the straining; and after rupture, the pressure from the bile being removed, the stone slipped away from the entrance to the duct, possibly escaping into the abdominal cavity through the opening of the rupture, and so was not found in the duct at the necropsy.

Leytonstone.

A CASE OF
POISONING BY CITRATE OF CAFFEINE.

By T. GERATY, L.K.Q.C.P.I., M.R.C.S.

THE rarity of poisoning by caffeine (I cannot recall a case) suggests to me the propriety of recording the following.

At 9 A.M. before breakfast, a lady suffering from migraine took a dessertspoonful (equal to 200 grains) of pure citrate of caffeine in mistake for the granular effervescing form of the drug. I saw the patient immediately after the accident; the only complaint she then made was as to the nauseating taste. I encouraged her to eat a little porridge before having an emetic. As soon as the porridge was eaten, faintness and nausea came on; and a quarter of an hour after the reception of the poison there was semi-unconsciousness, grave depression, extreme pallor, all the muscles completely relaxed, and a decided inclination to sleep; pulse slow, soft, and very compressible; respiration slow and sighing. The treatment adopted was an early emetic (one-twelfth of a grain of apomorphia), which acted at once and very completely, small quantities of brandy, the recumbent position, and warmth. I may say there was a well-marked rigor about an hour after the caffeine was taken. Consciousness was recovered about an hour and a half after emesis, and the faintness passed gradually away.

Nottingham.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Procemium.

ST. GEORGE'S HOSPITAL.

CASE OF FOREIGN BODY IMPACTED IN THE VENTRICLE OF THE LARYNX; REMOVED BY TRACHEOTOMY; RECOVERY.

(Under the care of Mr. PICK.)

THE presence of a foreign body in the air-passages always causes much anxiety to the medical attendant, and few things give so much gratification as the successful result of attempts to remove them. They may be arrested in the larynx, impacted in the superior aperture or in the rima glottidis, in the cavity, not completely blocking it, in the lower part, or in one of the ventricles, and the symptoms to which they give rise will vary with the size and nature of the body and with its position. It would appear that the symptoms produced when the body lodges in one of the ventricles of the larynx are less severe, and that the danger to life is less when a foreign body is situated there than when it is in the other positions named. Mr. Durham mentions three cases.[1] In one, the trachea was opened six weeks after the passage of a button-mould into the larynx, and this was dislodged from one of the ventricles, after division of the cricoid cartilage. In a second case, a cherry-stone was lodged in one of the ventricles of the larynx for two years before the patient died; operation was refused, and local disease developed, proving fatal. In a third, a piece of gold remained *in situ* for years without troublesome symptoms. Mr. West[2] recorded a case in which a shilling was fixed in the larynx for over three months; it produced loss of voice, but no coughing. Parker[3] brought forward two cases of foreign body in the air-passages, in one of which a piece of egg-shell was found adhering to the side of the larynx. This case proved fatal after operation. A curious case is related by Dr. Newman.[4] A splinter of a rifle bullet penetrated the larynx and remained fixed, with the free margin projecting into the ventricle. This was removed through the mouth a fortnight after lodgment by means of endo-laryngeal forceps. In the discussion on the subject of foreign bodies in the larynx, Mr. Holmes[5] related a case in which he had performed thyrotomy for the removal of a rabbit-bone which had been lodged for seven days. Mr. Durham referred to a case in which he had found it necessary to perform thyrotomy for a cherry-stone impacted in the larynx. It was found in the middle of the passage, covered by the false cords, whilst the true cords were inflamed and swollen beneath it. Tracheotomy had proved insufficient, as the foreign body could not be dislodged from the opening made in the trachea. Pain is usually a prominent symptom where a foreign body remains in the larynx and has not proved immediately fatal. When in the ventricle of the larynx, it cannot always be readily seen by means of the laryngoscope, and in the case which Mr. Pick records it was not possible to see the ear-ring. If the foreign body can be seen, then it is sometimes possible to remove it by means of the laryngeal forceps through the mouth, and many cases are on record of this method of removal, few more striking than that in which Cameron[6] drew out a penny which had been impacted in the larynx for six years; but when a foreign body is impacted in the ventricle it cannot generally be moved. Needles and pins have been removed after some time had elapsed by this method.[7] Sometimes it has been necessary to perform

[1] Holmes' System of Surgery, vol. i., p. 760. Pelletan, Desault, Watson (vol. ii., p. 261, fifth edition).
[2] THE LANCET, vol. ii. 1877, p. 722.
[3] Ibid., vol. i. 1885, p. 151.
[4] Glasgow Medical Journal, 1887, p. 373.
[5] THE LANCET, vol. i. 1882, p. 912.
[6] Ranking's Abstract, vol. ii. 1870, p. 224.
[7] Semon, THE LANCET, vol. i. 1883, p. 685. (After thirteen months.)

thyrotomy, and Mr. Holmes, in recording his case, makes an excellent summary of the treatment &c. of foreign bodies in the larynx.[8] We have recorded cases in the Mirror other than those of impaction in the larynx, to which it will be of interest to refer. Dr. Gee records a case[9] in which a small hook caught on one of the cords, and was only removed by incision of the margin of the cord after tracheotomy; this patient unfortunately died. Mr. Hodgkinson[10] records a case in which a wheat-ear was removed after impaction in the mucous membrane of the larynx. There are many other cases of interest—such as those of Croft[11] (walnut-shell), Pemberton[12] (buckle), and Mackenzie,[12] to which we can only refer. Weist's statistics of foreign bodies in the air-passages, although they include 1000 examples, may be misleading, and we have not space to enumerate them. Hering also in 1885 brought forward interesting cases. We may also direct attention to the letter of Mr. Padley in our last issue, in which he recalls the method of inversion and succussion in casualties of this kind—a method which has received the approval of Dr. Geo. Johnson, as expressed in his "Lectures and Essays."

Rose S——, aged eight, was brought to the hospital on Dec. 8th, 1888, with the history that she had swallowed an ear-ring on the morning of that day. No further history could be obtained. It appears that the mother had gone out to work in the morning and had left the child alone, and that she was recalled by a neighbour who informed her that the girl had come to her and complained of having swallowed the ear-ring. The child could not be induced to give any minute particulars. She presented no marked symptoms and breathed without difficulty. She had, however, an anxious and frightened expression, and her voice was hoarse and croupy. There was nothing to be seen in the throat and no redness about the fauces. Her temperature was 97°. The child was admitted into the hospital in order that she might be watched, as it was thought that the croupy voice from which she suffered, and which was practically the only symptom of the foreign body being in the air-passages, might be due to excessive crying.

On Dec. 10th (two days after admission) the condition of the child was unchanged, and the voice was still hoarse and croupy. The temperature, which had remained subnormal (97°) since her admission, had on the morning of this day risen to 98·6°. She did not complain of any pain, but still persisted in the statement that she had swallowed the ear-ring. She had a distinctly croupy cough. There was no disease to be seen about the tonsils or palate. The lungs expanded equally, and no difference existed between the respiratory sounds on the two sides of the chest. There was a distinct musical murmur over the trachea, heard loudest in the episternal notch. The child was very irritable during examination. She was placed under the influence of chloroform, and the pharynx and fauces carefully examined with the finger, but no foreign body could be felt. An attempt was made to obtain a view of the larynx with the laryngoscope, but it was found impossible to do so. There was no difficulty in swallowing.

On the following day the child was again placed under the influence of an anæsthetic, and the trachea opened above the isthmus of the thyroid body. On passing a probe up through the wound into the larynx, a foreign body was at once felt. An attempt was first made to dislodge it from its position, but it was so firmly fixed in the left ventricle of the larynx that this could not be done. The cricoid cartilage was therefore divided in the middle line, and the foreign body was then easily seized with a pair of dressing forceps introduced through the wound and withdrawn. It proved to be a small, flat, brass ear-ring, shaped like a leaf, and about half an inch in its longest diameter. A silver tube was inserted into the trachea, and the wound above closed. Next day the child was found to be quiet, and had been sleeping almost continually since the operation. The tube was removed. The wound soon closed, and an uninterrupted recovery resulted.

Remarks by Mr. PICK.—This case seems to me to be worthy of being placed on record on account of the absence of those severe and characteristic symptoms which usually attend the introduction of a foreign body into the air-passages. When the child was admitted there were literally no symptoms, except the hoarse and croupy voice, which might easily have been caused by a prolonged fit of screaming. Owing to the fact that the child was alone when the foreign body passed into the larynx, there was no history of the sudden symptoms of intense suffocation, with dyspnœa, which usually follow immediately upon the introduction of a foreign body. It was evident, however, from the look of anxiety on the child's face that it had been very much frightened, more than it was likely to have been by the foreign body passing down the gullet. The diagnosis was principally established by the two signs of the alteration in the voice sounds and the subnormal temperature. The child was in a condition of perfect health when the mother left her in the morning, and suddenly her voice became harsh and croupy, without any local appearances about the fauces to account for it, and with an absence of all febrile symptoms denoting laryngitis or croup. This alteration in the voice sounds could only be due, therefore, to the presence of a foreign body or to prolonged screaming. If the latter, it would pass off within twenty-four hours, and therefore the child was taken into the hospital and simply watched at first, in order to test this cause. Moreover, the child persisted in her statement that she had swallowed an ear-ring, so that the diagnosis was pretty confidently made that the foreign body was lodged in the larynx. Some few years ago I was asked to see a child whose voice had suddenly been lost some days previously after a fit of suffocation, with spasmodic coughing. The child had otherwise remained perfectly well, and when seen was breathing quite easily and calmly, but the voice was reduced to a hoarse whisper. I had the patient placed under the influence of an anæsthetic in order to make a more complete examination of the larynx, and with the tip of my forefinger dislodged a piece of orange-peel which was fixed somewhere in the upper part of the cavity of the larynx. The voice was speedily recovered, and no further symptoms appeared.

[8] THE LANCET, vol. i. 1882, p. 912. [9] Ibid., vol ii. 1871, p. 468.
[10] Ibid., vol. ii. 1885, p. 155. [11] Ibid., vol. ii. 1880, p. 536.
[12] Ibid., vol. i. 1884, p. 927. Medical Times and Gazette, vol. ii. 1866, p. 628.

VICTORIA HOSPITAL FOR CHILDREN.

GENERAL SUBCUTANEOUS EMPHYSEMA FOLLOWING ASPIRATION OF THE CHEST.

(Under the care of Dr. JULIAN EVANS.)

IT is fortunately rare to find emphysema following paracentesis of the chest in cases such as that described by Dr. Carr; otherwise what is rightly regarded as a comparatively slight operation would be invested with an importance detrimental to its employment. The history of the case and absence of pneumothorax suggest the presence of adhesions between the two surfaces of the pleura at the point of puncture, and a rapid pumping out of air through the puncture and speedy diffusion throughout the subcutaneous tissue as a result of coughing. The external opening being closed by means of the collodion pad, the state of the parts was much like that found to be present in some cases of adherent pleura in which a wound of the lung has taken place by a fragment of broken rib. Erichsen mentions a case in which the scrotum became blown out to the size of a cocoa-nut five minutes after a puncture of the chest, in which the patient coughed violently. For the following notes we are indebted to Dr. J. Walter Carr, house physician.

E. W——, aged eighteen months, had been under treatment in the hospital for some weeks for broncho-pneumonia. The lungs had cleared, except at the right base, where there was persistent dulness, with tubular breathing; the patient had also occasional rise of temperature at night. Thinking that perhaps a localised empyema might have formed, a full-sized needle, connected with an ordinary Dieulafoy's aspirator, was introduced just below the angle of the scapula and a vacuum made, but no fluid was obtained. The needle was accordingly withdrawn and the puncture closed in the usual way with wool and collodion. The child coughed a little afterwards. About two hours later Dr. Carr was called to see the patient, and found subcutaneous emphysema extending from the seat of puncture over the trunk and up the right side of the face; it everywhere yielded the characteristic crackling on pressure. In six or eight hours the swelling had reached its maximum, and it then involved the whole of the trunk, and the right side, and to a slight extent the left side, of the scrotum; it formed a prominent collar round the neck, caused such puffiness of the eyelids as completely to close the right eye, and could be detected on the left

side of the face and all over the head, especially about the temples; arms and legs not involved. There was no pneumothorax. After twenty-four hours the swelling began to subside; but it was nearly a fortnight before it had completely disappeared from the back and abdomen. For the first two nights after the puncture the patient's temperature rose to 102°, with a very rapid, small pulse, and the constitutional disturbance was at one time rather alarming. Stimulants were given freely. On the third day the temperature fell to normal, and there was no further trouble.

Remarks by Dr. CARR.—Patches of localised emphysema after exploratory puncture of the chest are, I believe, not very uncommon; but it would appear to be very rare for such extensive emphysema to result. Possibly, if a firm bandage had been applied over the puncture, the escape of air from the lung might have been prevented.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

President's Address. — Tumours in Trees. — Congenital Cerebral Syphilis. — Congenital Dislocation of Hip. — Cutaneous Horns.

AN ordinary meeting of this Society was held on Jan. 29th, Dr. W. Howship Dickinson, President, in the chair.

THE PRESIDENT, in taking the chair for the first time, addressed the members. He said he assumed with great diffidence the honour conferred upon him, a feeling which grew when he considered the great names of many who had occupied the chair before him. Not to mention those who, in later days, had received this distinction, the names of Williams, Latham, Cæsar Hawkins, Watson, Fergusson, Prescott Hewett, Simon, and Jenner would be present to all who were familiar with the early history of the Society. Nor could he but derive something which approached discouragement when he thought of the eminent qualifications upon which it would not become him to dwell of the great pathologist and great surgeon who had been his immediate predecessor. He likened himself in his own mind to the figure-head of a great ship, a wooden structure which contributed nothing to its progress, though it occupied the foremost place; but to no other part of the vessel or the venture could any dispraise attach, for the cargo was select and the motor power all that modern science could make it. He looked upon the Society as representing and comprising within itself what most of all made medicine a science. Medicine was partly a science and partly an empirical art; so far as it was a science it was pathology that made it so. Pathology was of great antiquity, but was apparently far from being exhausted. The science of the nineteenth century had touched it with new vitality, and, with the help of the microscope and chemistry, it was now developing and bearing fruit in a manner which had no parallel in any former period of its long history. The Society was founded in 1846, and he briefly glanced at the advances which its chosen science had made since that date. In 1847 Virchow made known some of the processes of embolism, which were more fully worked out by Kirkes in 1852. Something about it was vaguely known before this, for in 1684 William Gould of Oxford recorded the fact that clots, "particles of a polypus," were carried from the left ventricle to the carotid artery and there impacted, stopping the intercourse of spirits in the brain. Lardaceous disease had slowly emerged from obscurity since it was first noticed by Rokitansky in 1842, the discovery by Virchow in 1853 of the so-called amyloid reaction and the promulgation of the amyloid theory stimulated investigators in this direction. Addison in 1855 did for the suprarenal bodies what his colleague Dr. Bright had previously done for the kidneys. Of more frequent application, and therefore of more practical importance, was the discovery of the nature of suppuration, which was not completely accomplished till 1867. It was interesting to recall a forecast made seventy-four years before Cohnheim's observations, which came as near to the true theory of suppuration as was possible without microscopic aid. "Pus," said John Hunter, "is formed from some change, decomposition, or separation of the blood which that undergoes in its passage out of the vessels." The nervous system was next touched upon. When the Society was founded the minute pathology of that paramount portion of the human frame was almost absolutely unknown, and no one could make sections of the brain or cord which displayed any but the coarsest alterations; the art of making translucent sections was quite a recent one, and we owed it chiefly to Lockhart Clarke, whose methods initiated a new epoch in the pathology of the nervous system. Among the diseases of the pathology of which we had learned something, though not everything, might be mentioned tetanus, hydrophobia, chorea, the various forms of insanity, and he trusted he might not be thought egotistic or obstinate if he added diabetes to the number. In dealing with infectious or zymotic diseases, we entered upon a wide field, one as vast as had ever been presented to pathological inquiry. Addison, not the pathologist, imagined a being endowed with miraculous vision, as taking "a greater pleasure in considering the works of creation in their immensity than in their minuteness," and as choosing rather to resolve the milky way into its components rather than to witness the dissection of a mite or of "one of those little animals which we find in the blue of a plum." But to us the smaller might be more important than the greater. Little things were great to little minds. A group of bacteria under the microscope might fill as large a space upon the retina as the constellation of Orion; while the species they belonged to might exert an influence upon the fortunes of humanity as great as the fictions of astrologers ever attributed to the stars. The definite association of bacteria with disease was younger than the Society. The bacillus of anthrax was made known in 1855, that of relapsing fever in 1873, that of tubercle in 1882, and many others whose name was legion, and threatened to become almost as numerous as diseases. The detection and definition of as yet unknown kinds, their association each with its ailment, or if not with the condition, whatever it was in which it presented itself, was work for the future; to which must be added further questions: was the bacillus the cause of the disease, or only associated with the cause; was it essential or accidental, or sometimes one and sometimes the other? What chemical changes were associated with the life of the bacillus; what were its relations to the blood and tissues? What with section-making and germ-hunting, we had pushed our knowledge of disease in many directions, we had provided morbid anatomy for diseases hitherto thought to have none, and we had learned a little, with promise of more, of the intimate nature of certain complaints belonging to the large class of fevers. But while prying into the doings of the organisms by which we were infested, we should not forget that there were such things as chemical diseases, depending, in the first place, neither on organisms nor organs, not so much on the machine as on the material which was put into it or taken out of it. As such he instanced rheumatism, gout, and scurvy, about which we had learned something, and seemed to be on the verge of learning more; but the part that was wanting was generally the final one which should give cohesion and use to all the rest. For instance, few things seemed to be better ascertained than that foods were antiscorbutic in proportion to the potash they contained. Thus scurvy should depend on a want of potash and be prevented or cured by this alkali. But as yet we had not been able to make the sum prove: potash would not cure scurvy, though pot-herbs would. We should think twice before we admitted that any disease was functional; unconnected, that was, with material change. It should be the function of that Society to unmask functional diseases. Where the result was enduring or permanent, we should be able to recognise something in the permanent structures to keep it up. A transient mental disturbance which we must call functional, because whatever change there was with it was not discernible, might leave disease which was persistent. A fright might cause chorea, insanity, or diabetes. But where the disease was thus lasting, it must be kept up by something as lasting as itself, which could not be elsewhere than in the organism. He himself refused to consider any disease, whether short or long, as functional, in the sense of being without material change, but he was willing to call so many disturbances which passed away with their cause, and left no trace behind. But when diseases outlasted their external cause, or came without one, and persisted even unto death, then the word "functional" was but a disguise for ignorance of the grosser kind. We should admit the necessity for a fundamental lesion even where we had not found one, and not be

easily discouraged in our search for it; but follow up small clues, and strive to replace imagination by observation and fancied marks of going wrong without reason, by knowledge of the changes on which the disturbance depended. He ventured, in conclusion, to apply to his fellow-members words which had neither novelty nor antiquity to give them interest, but were never more justly spoken than to that community:—

> "Men, my brothers, men the workers,—ever reaping something new;
> That which they have done but earnest of the things which they shall do."

A vote of thanks to Dr. Dickinson for his address was moved by Mr. Pollock, seconded by Dr. Powell, and carried unanimously.

Dr. DICKINSON, in responding, ventured to hope that members would, as far as possible, make verbal communications, instead of reading written papers. It would save much time, and add greatly to the interest of the proceedings.

Mr. ROGER WILLIAMS described a series of specimens illustrating Neoplastic Process in Trees. He divided these growths into three chief groups: the first comprised those circumscribed woody nodules commonly found beneath the bark of the beech, oak, holly, cedar, and other trees to which the term of *knaurs* might be applied. An example was shown from an elm tree, its surface devoid of buds and shoots. The origin of such growths might be ascribed to the abnormal evolution of adventitious or dormant buds. It accorded with this view that these tumours first appeared as very small globular bodies in the cellular tissue of the cambium layer whence they originated. Such growths might be compared with the fibromas, lipomas, and other similar tumours of animal pathology. The second group comprised the continuous tumours or exostoses. A specimen of this kind was shown from a Scotch fir tree. The disease presented as a woody outgrowth from one of the smaller branches, which it completely surrounded for nearly three inches. The overlying bark was irregularly thickened and fissured, and devoid of buds and shoots. On section, it was composed of very dense, irregularly formed wood, separated from that of the branch by a thin line representing the cambium layer. Hence, it was inferred that this growth originated from that part of the cambium devoted to the development of cortical structures. Such tumours were compared with the exostoses and allied continuous tumours of animal pathology. The third group included all those new formations called by the French "broussins," whose distinguishing peculiarity was the very free and continuous development of buds, shoots, and stunted branches. Two specimens of these were shown, one from an elm and the other from a hornbeam. The latter specimen represented malignant disease in its simplest form. The growth was composed of a dense mass of buds, a few of which had developed into shoots and twigs. Nearly the whole circumference of the branch was involved for a distance of about fifteen inches. There was great thickening and irregular development of the subjacent wood. Such growths depended upon the continuous development of immense numbers of adventitious buds in the cambium layer, where they either remained dormant or forthwith developed into shoots or stunted branches. This indefinite production of large quantities of lowly organised cellular tissue, which subsequently underwent imperfect evolution, constituted the nearest approach in vegetable pathology to the sarcomas and carcinomas of animal pathology. For the essential feature of malignancy was due not to infectiveness, but to the indefinitely sustained activity of certain lowly organised cells, which grew and multiplied independently without ever reaching a high grade of organisation. The absence of infectiveness in these tumours was ascribed to the absence of a specialised lymph-vascular system, easy of access to the proliferous cells and capable of transporting them to distant parts, and not to any essential difference in the nature of the morbid process.—Mr. SHEILD asked if these growths were not common in certain trees and uncommon in others. Many trees having multiple growths flourished notwithstanding, and therefore he could not regard them as malignant.—Mr. SUTTON spoke of a cherry orchard near Oxford, where the trees when about twenty-five years of age developed tumours, which grew and killed them.—Mr. GODLEE asked if these growths were not produced by small organisms.—Mr. WILLIAMS, in reply, said he had excluded specimens obviously parasitic. Tumours common on birch trees, for instance, were multiple and parasitic, whereas those he exhibited were single.

Dr. ANGEL MONEY exhibited specimens from a case of Chronic Syphilitic Meningitis, Arteritis, Cerebral Atrophy, and Sclerosis in a boy aged four, and read some notes on the histology of these lesions and of the "granular" "shagreen" appearance of the ependyma observed in some cases of hydrocephalus. The boy was first seen at the age of eleven months suffering from hydrocephalus. The skull was natiform, the nose root depressed, the spleen enlarged, and the choroids showed signs of disseminated inflammation. The syphilitic taint was discovered in every member of the family. The case was that mentioned on page 81 of the author's work on the "Treatment of Disease in Children." The boy mended considerably, and, indeed, seemed to be almost well until Aug. 18th, 1888, when left spastic hemiplegia developed. On Oct. 11th, 1888, he lost his speech and developed right spastic hemiplegia. Moaning and restless, he lasted till Oct. 19th, when he died. At the necropsy, the brain and dura mater were found to be adherent everywhere, but the adhesions could be separated. The arteries were much diseased, and also the brain substance. The atrophy and sclerosis were most marked in regions supplied by the most diseased arteries. The dura mater was four lines thick in the temporal regions, and resembled a fibroma in structure. The granular appearance of the ependyma was seen to be due to the formation of granulations composed of small round nuclei, and the structure was of considerable density. Drawings and sections, prepared by Mr. C. F. Beadles of University College, were exhibited.

Dr. ANGEL MONEY also exhibited the Brain of a Microcephalic child, showing atrophy and sclerosis of the left hemisphere without disease of the arteries or membranes, but yet of syphilitic origin. The child died at the age of sixteen months; the brain only weighed fourteen ounces. The child's head measured fifteen inches in circumference and ten inches over the vault. It could not stand or sit or talk. All the limbs were weak and spastic, but the left arm least so.

The PRESIDENT said the infantile lesions of congenital syphilis were most interesting. He mentioned a case of cerebellar tumour in an adult, which was undoubtedly due to congenital syphilis, though it had been looked upon as acquired.

Mr. WILLIAM ADAMS exhibited the late Dr. Carnochan's specimen of the so-called Congenital Dislocation of both Hip-joints sent from New York. The specimen was one of historical interest, as being the original specimen from which Dr. Carnochan took his description of this affection forty years ago, and published two lithograph plates of its dissection in his well-known work on "Congenital Dislocation of the Head of the Femur." Dr. Carnochan demonstrated this affection to the surgical staff of St. Thomas's Hospital in the year 1844, when he visited England and exhibited a boy aged eighteen years, the subject of the affection. Mr. Adams, who was at that time curator of St. Thomas's Museum, took a model of it, which was still in that collection. The specimen was similar to others shown at the Society in 1887, but the pelvic deformity was greater, due to the severity of the case and the age of the woman (about sixty years). The head of the femur on the left side was displaced directly backwards, with an inclination upwards towards the anterior border of the sciatic notch, where a flattened circular depression indicated the spot in which the head of the femur chiefly rested, though still within the capsular ligament. At the right side the head of the femur was displaced towards the centre of the dorsum ilii an inch and a quarter higher up than on the left side. The head of the left femur was much diminished in size and altered in shape, but still surrounded by the capsular ligament in a dried condition. The head of the right femur had been destroyed by rough handling of the specimen. The innominate bone in the region naturally occupied by the acetabulum was considerably narrowed, and presented an elongated appearance, the form of the sciatic notch being altered to a corresponding extent. The only trace of the acetabulum was an elongated triangular depression, the base of which corresponded to the border of the obturator foramen in the situation of the notch, and the apex to a point naturally below the centre of where the acetabulum should be. There was no attempt at formation of a new one. The axis of the pelvis was considerably altered, and the pelvic bones much altered in shape; the anterior inferior spines were enlarged and directed outwards, and the

groove for the psoas and iliacus was converted into a deep semi-circular depression. The sacrum was stunted, more curved than natural, and during life must have been almost horizontal in direction. The antero-posterior diameter of the pelvic brim was much contracted, as was also the transverse to a less degree. The measurement from the tip of the coccyx to the arch of the pubes was very considerably diminished, whilst the tuberosities of the ischium were splayed outwards. There was marked lumbar lordosis, together with lateral curvature and rotation, the lateral deviation being explained by the relative shortness of the right lower limb. The fifth lumbar vertebra showed all those structural changes in its body, articulating and transverse processes, which were common to all cases of confirmed lateral curvature.—Mr. LOCKWOOD had described some similar cases as congenital absence of the margin of the acetabulum; the marked sacral curve showed that the patient was old.

Mr. BLAND SUTTON exhibited specimens of Cutaneous Horns growing from a sebaceous cyst in a mouse, a Papillary Horn growing from the leg of an oyster-catcher, a Horn growing from the scar of a burn on the thigh of an old woman, and Horny Material from a dermoid cyst. He then attempted to show that in many cases, especially when the horn was large and had been growing for some time, it was difficult, if not impossible, to decide whether a cutaneous horn had its origin in a wart, sebaceous cyst, or in the cicatrix of a burn. In many cases, however, the history and characters of the horn enabled us to clearly decide as to the mode of origin. In one of the mice shown to the Society the base of the horn was occupied by a sebaceous cyst; in the case of the bird, the oyster-catcher, the horn had developed from a wart; whilst the third specimen, that from a woman's thigh, originated in the scar of a burn. Some competent pathologists were of opinion that, when horns grew from sebaceous cysts, the horny material exhibited a transversely laminated appearance resembling a pie-crust, whilst papillary horns had a longitudinal striation. Such tests were fallacious. Sebaceous horns might be longitudinally striated, as in the mouse; whilst in the horn growing from a cicatrix the pie-crust arrangement was strikingly shown. Thus opinions formed on these grounds were very likely to lead to error. It was very probable that many horns growing from sebaceous cysts really arose from warts springing from the walls of such cysts. In order to show the difficulty of distinguishing a sebaceous from a papillary horn, two mice were shown: one had a sebaceous horn growing from its back; the other, a specimen from the museum of the Royal College of Surgeons, had a papillary horn growing from its head. In external characters the two horns were identical. In the mouse with the horn on its back, the horn rested upon a large sebaceous cyst, whilst in the second mouse the microscope showed that the horny matter had arisen from a wart.—Mr. ROGER WILLIAMS maintained that a sebaceous cyst was not a retention of normal secretion, but that the cells, instead of undergoing the usual granulo-fatty change, became cornified, and thus were retained. An exaggeration of this process would produce a horn.

The following card specimens were shown:—

Dr. NORMAN DALTON: Multiple Tubercular Tumours.

Mr. RAYMOND JOHNSON: (1) Atheromatous Disease of Arteries of Lower Limb; (2) Epithelioma of Tongue, Floor of Mouth, and Lower Jaw.

Dr. DREWITT: Kidney Disorganised by Impaction of Calculus in Ureter, death from Uræmia.

CLINICAL SOCIETY OF LONDON.

President's Address.—Nerve Grafting.—Removal of Dislocated Semilunar Cartilage.—Compound Dislocation of Elbow-joint.

AN ordinary meeting of this Society took place on the 25th ult., when Mr. CHRISTOPER HEATH took the chair as President for the first time, and delivered an address, of which the following is an abstract:—

The Council of the Society has recently been considering how the exhibition of patients might be more conveniently managed, especially for the members of the Council itself, who have hitherto been practically debarred from examining the cases exhibited on Council nights; and I am authorised to announce that for the future the second meeting in each month (which is not the Council night) will be specially devoted in part to the exhibition of living patients. The chair will be taken on these nights at 8 o'clock, and the first hour of the meeting will be devoted to the demonstration and discussion of the cases of patients, who will be dismissed at 9 o'clock, when the papers will come on in due course. This will, we hope, prove satisfactory to the Society, and obviate some of the present inconveniences. It will be within the knowledge of many members of the Society that a few years back the Council of the Pathological Society appointed a committee to go through the published volumes of its Transactions, then thirty-one in number, "with the object of ascertaining what cases, if any, there were, the histories of which were incomplete at the time of publication, but with respect to which it was reasonably probable that their authors might add facts which would increase the value of their reports." The results of the investigation formed a report which was perhaps a little disappointing, but which still gave most useful information respecting a considerable number of cases. One reason for the frequent failure to obtain the required information was the inevitable one that death had removed many of the authors in the course of thirty years, and it is because this Society has now existed over twenty years that I think the time appropriate to suggest the feasibility of our undertaking a similar task, with perhaps better chances of success. Mention of the Pathological Society (of which I suppose we are most of us members) reminds me of the saying of an old friend who visited that Society one evening after an absence of many years, and reported in these words: "I found them showing the old specimens under new names, and talking a language which I did not understand, but they were more positive about the correctness of their views than ever." Now it is this positiveness of the pathologist that I, as a clinician, venture to enter a protest against, and I think one of the most useful functions of the Clinical Society may be to check the results arrived at in this room by the members of the sister Society. Because a tumour shows microscopically an appearance which brings it into the class of sarcomata, I should be very loth to classify the case as one of "malignant" disease, without knowing fully the history of the patient both before and after the operation. I venture also to enter a protest against the idea that the malignancy or otherwise of a tumour, so far at least as concerns the necessity for its prompt removal in any given case, can only be settled by microscopic examination. If the surgeon, with the patient before him, and with a full history of the growth of the tumour, cannot make up his mind whether it ought to be removed or not without previously extracting a small portion for microscopic examination, I venture to think he has mistaken his vocation. Clinical experience alone will guide the surgeon most satisfactorily as to the cases he ought and ought not to interfere with, and it is the well-being of that particular patient, and nothing else, that ought to weigh with him. Of course it is very satisfactory when the microscope confirms the diagnosis of the nature of a growth made before its removal, and yet how often do we find the after-history belie the prognosis of the microscopists, even when they agree! Now, I believe that incorrect deductions are at present drawn because the number of cases recorded in full detail is comparatively small, and it is impossible for any author, however diligent he may be, to follow up all the cases and learn their final results. Here, then, is a field for clinical work which, it seems to me, our Society might well engage in. Every London hospital has, or ought to have, a surgical registrar, and many of these gentlemen are members of this Society. If a committee of registrars were to undertake the work of collecting the cases of sarcoma and carcinoma which have passed through the wards of their respective hospitals during a period of ten years, providing for them the funds which would be necessary for following up each case to its termination, we should have a mass of material of the most valuable and reliable description, which would go far to decide many moot questions of pathology. Whilst ready to give the credit to the antiseptic system, introduced by a former distinguished occupant of this chair, of diminishing the risk and pain of operations by procuring healing by first intention, I am not quite sure whether our recurrences after operations for cancer are not more rapid in these beautifully healed linear cicatrices than they were in the old days, when profuse suppuration probably eliminated any particles of disease which had escaped the knife.

[After quoting Banks of Liverpool and Chevers of Boston on the depressing effects and shock to the system resulting from modern surgical proceedings, Mr. Heath continued]: Of course, I am perfectly aware that many surgeons, myself among them, hardly ever employ the carbolic spray nowadays, but even without this there is, I believe, considerably increased risk to the patient in the exaggerated slowness of modern surgery. For a patient to breathe the vapour of ether or chloroform for over an hour is a serious matter for both heart and lungs, and when we add to that a steady drain of blood going on for an equal time, one cannot be surprised at the production of deadly shock. And is there any gain after all in elaborate dissections of the living, as though it were the dead body? I believe not, and, having had a fair amount of experience in removing tumours of all sizes from all parts of the body, I would urge surgeons to use the left hand a little more and the right a little less than now seems to be the fashion. I mean, to make forcible traction with the one hand whilst dividing the tense structures with the other, so as to avoid dissecting-room proceedings with scalpel and forceps as much as may be. I hope I shall not be misunderstood as decrying careful dissection in appropriate cases—e.g., the ligature of large arteries; for I fear, from what I see in examining candidates for the higher surgical degrees, that a blunt director must be used by some teachers in what I consider to be a very dangerous manner. In order to guard against the shock of large operations on weakly patients, I have for some years now availed myself of a suggestion which I owe to an American surgeon, whose name I have unfortunately forgotten—viz., half an hour before the operation to inject into the rectum with a long tube two ounces of brandy with four of hot water. This acts as a reserve of power which can be absorbed at leisure, and has the advantage over the administration of a stimulant by the mouth that it cannot embarrass the breathing. The injection can be repeated during the operation if necessary, and may be combined with the subcutaneous injection of ether. Lastly, I strongly advise the subcutaneous injection of from one-quarter to one-half of a grain of morphia, combined with $\frac{1}{100}$ gr. of atropine, before the patient leaves the table, believing that not only is pain thus relieved, but that sickness is materially kept in check by the combination of drugs.

Mr. MAYO ROBSON showed a girl, aged fourteen, on whom he had successfully grafted two inches and a half of the posterior tibial nerve into a corresponding gap in the median nerve in the forearm. He also showed the tumour which had involved the median nerve and had necessitated its removal. The history of the case, briefly, was that the patient had noticed the tumour growing for six years, but that it had grown more rapidly during the past twelve months, during which time it had caused considerable inconvenience as well as deformity. The tumour, about the size of a hen's egg, extended from the annular ligament in front of the right wrist up the forearm for about three inches, reaching laterally from side to side, the skin being firmly stretched over but not adherent to the tumour, which appeared to be solid or semi-solid. On making an incision over the swelling the tumour bulged through the wound, and was easily separated from its cellular bed, leaving the mass attached above and below to a cord, which appeared to be inseparably blended with it. The attachments had therefore to be cut through. A microscopic examination showed that the cord was composed of nerve tissue, and on the patient recovering from the anæsthetic the parts in the hand supplied by the median nerve were found to be devoid of sensation. Arrangements were made by Mr. Robson to graft the sciatic nerve of a rabbit into the gap of the median nerve, but fortunately his colleague, Mr. Ward, kindly allowed him to arrange his operation at the same time that he was amputating a thigh, and to utilise the posterior tibial nerve, which was taken straight from the amputated leg into the prepared forearm, the transfer from one theatre to the other being made in a warm carbolic solution. Two inches and a half of nerve were utilised, the ends being attached to the proximal and distal portions of the median with a fine catgut suture, without the slightest tension either on the stitches or the nerve; the wound was well washed out with perchloride of mercury lotion and carefully sutured. Healing occurred by first intention. The grafting was performed forty-eight hours after the tumour had been removed, and thirty-six hours after the nerve had been grafted, sensation had so far returned in the parts supplied by the median that the touch of a pencil could be localised. Day by day sensation became more and more distinct, until, when shown to the members of the Leeds and West Riding Medico-Chirurgical Society, five weeks after the operation, it was so perfect that the slightest touch could be localised, and although there was manifest diminution in volume of the abductor and flexor brevis pollicis, they were not completely paralysed. Mr. Mayo Robson, after relating experiments on animals, which went to prove that reunion and even regeneration of nerves might occur, remarked that in such cases, where there had been absolute loss of nerve, return of function did not occur. He thought the case he had related presented very important physiological and clinical features: physiological, in that the living nerve must have immediately united and taken on function, so that thirty-six hours afterwards the distal portions of the median were functionally active; clinical, in that, if nerve grafting to such an extent could be certainly relied on, many hitherto hopeless cases may be cured—for instance, in injury of an extremity with destruction of one or more chief nerve trunks, in the case of a tumour involving nerves, in paralysis due to cicatricial destruction of nerve, and in many other cases. He ventured to hope that, if, as in this case, two inches and a half of nerve would live, further experiments might show that greater lengths might survive; or, if such were found to be impossible, that the grafting might be done piece by piece as in the case of bone grafting. The condition which he advised to be observed in such operations were: first, entire absence of tension in the grafted nerve—e.g., two inches and a half being employed to fill an interval of two inches and a quarter; secondly, great care in dissecting out and handling the nerve; thirdly, immediate transference of the living tissue into its new bed; fourthly, the employment of only a single suture to fix the ends of the nerves; and fifthly, strict asepsis. He thought that this case, if he had correctly interpreted it, went to disprove the theory that a primary union of the divided ends of a nerve is only an appearance of union, and not a physiological one, and that the distal ends must pass through a process of degeneration before regeneration. He remarked that the return of function in the motor portion of the nerve was more gradual than in the sensory, and made suggestions which he thought might explain the difference.—Mr. BRYANT asked whether the suture had included the whole thickness of the nerve.—Mr. BOWLBY observed that the case seemed likely to prove a successful one, but at present it was not entirely so. It was the first recorded case of nerve grafting in this country, although a number of experiments and operations had been published on the Continent. This was the first case of primary grafting of a nerve—that was, within forty-eight hours of the injury. He pointed out that in a certain number of instances there had been restoration without re-establishment of continuity of the nerve. He had quoted several instances of the kind in his lectures at the College of Surgeons.[1] Still, on examining that particular patient, he found more sensation than he had ever seen before under similar circumstances. The condition of the muscles was not quite healthy, but still satisfactory. He mentioned as a curious fact that the power of voluntary motion often returned long before there was any reaction to electricity. He had remarked a bulla on the tip of the patient's index finger, which seemed to point to a trophic lesion. He questioned the accuracy of the view generally held, that after primary suture of the two ends of a divided nerve the lower end necessarily underwent degeneration. In a case in which he had brought the ends together although fully an inch had been cut out, complete restoration of function ensued in a few days. In another case in which union by primary intention took place, although there was no paralysis, yet for a long time there was no reaction to electricity. He also pointed out that sensation was a very vague term, and might exist in very varying degrees. Mr. Robson's patient still experienced numbness and tingling in the fingers, showing that sensation, if good, was not perfect.—Mr. BLAND SUTTON urged that it did not follow, because restoration of function had taken place after joining the cut ends of the nerve by means of a piece of the posterior nerve, that the latter had become incorporated with the median nerve. In experiments that had been carried out on animals it seemed that anything which acted as a conductor, so to speak, along which the reparative material passed,

[1] Vide THE LANCET, vol. ii. 1887.

bits of chicken bone, catgut, &c., had been found to answer the purpose. The bullæ which had been noticed generally took some time to form, and he suggested that the patient was now getting the symptoms which would have followed had the grafting not been effected. He hoped that the future progress of the case would be carefully watched, and the additional information added to the report when published in the Transactions.—The PRESIDENT mentioned the case of a man from whom, in the course of an operation for the removal of a tumour, he had accidentally removed a large piece of the external popliteal nerve—too much, in fact, to admit of the ends being brought together. Loss of sensation and muscular degeneration followed in the parts supplied by the nerve, and the patient left the hospital in a rather unsatisfactory condition as regarded the leg. Some months later he looked the patient up, and found to his surprise that function had been restored, and the patient said he was as strong in the leg as ever he was.—Mr. MAYO ROBSON, in reply, admitted that the case was not yet an unqualified success, but its progress had been so uninterruptedly satisfactory that he quite anticipated it would ultimately become so. He had passed a very fine catgut suture through the whole thickness of the nerve. He observed that even if the piece of the posterior nerve had not become incorporated with the median nerve, yet, in view of the successful issue of the case, most persons would be inclined to commend the course that had been adopted.

Mr. H. W. ALLINGHAM read a case of removal from the Knee-joint of a Dislocated Internal Semilunar Cartilage. M. W——, aged twenty, stated that in October, 1887, he was playing football and running with the ball, was collared and came to the ground, and found himself sitting with his legs crossed. On rising he found that he had pain in his right knee and on the inner side. The same evening the knee became swollen. In a few days he played football again, but was obliged to leave off on account of the pain in the joint, and after this he found that any exceptional exertion produced the sensation of his leg being broken at the knee. Soon every slight stumble occasioned the above described pain, followed by effusion, for which the joint was painted with iodine. In the summer of 1888 he again hurt his leg very badly while trying to play cricket, and since that any slight movement caused pain in the joint of a sickening character. In September, 1888, he was sent to Mr. Allingham by Dr. Wharton Hood, and he found that in the inner side of the knee, in the interval between the femur and tibia, was a hard, fairly movable body, about an inch and a half in length. It appeared to be forced at its front part, but the anterior part could be made to move slightly backwards and forwards. On Sept. 5th, assisted by his friend, Mr. Coles, he opened the knee on the inner side by an antero-posterior incision two inches in length. He then found that the body was the internal semilunar cartilage torn away from its anterior attachment. He could not pull it out, for it was firmly fixed at its posterior part. Accordingly he passed scissors into the joint and cut it off as close to its previous attachment as possible. The wound was then sutured, great care being taken to bring the synovial edges together. Antiseptics were used, and the leg placed on and firmly fixed to a long back splint. The patient made a complete recovery. On Dec. 19th, on his return from Cambridge, the joint was found to be perfect, movement being normal in every direction, and he had not felt the slightest discomfort; he could walk and run as if nothing had happened to the joint.

Mr. BOWLBY read a case of Complete Dislocation of the Elbow-joint, with Laceration of the Ulnar Artery, recovering with freely movable joint. E. W——, aged thirty-nine, was admitted into the Metropolitan Hospital at 11 P.M. on Sept. 9th, 1888, having fallen in the street whilst running and injured his elbow. On examination under an anæsthetic two hours and a half later, it was found that the elbow-joint had been completely dislocated. There was a very large lacerated skin wound on the inner side of the articulation, and through this the whole lower articular surface of the humerus was protruded. The radius and ulnar were displaced backwards and outwards, the flexor muscles were much torn, and the ulnar artery was lacerated. There was no fracture, and the median and ulnar nerves were intact. Both ends of the ulnar artery were ligatured, and the joint was irrigated for several minutes with a solution of carbolic acid. Reduction was thus easily effected, and the parts dusted with iodoform. No attempt was made to close either the rent in the capsule or the skin wound, and the parts were dressed with carbolised gauze and iodoform wool, the limb being placed on an interrupted angular splint. For a fortnight there was copious oozing of clear synovial fluid, which necessitated frequent dressing, but at no time was there any suppuration in the joint. The patient ultimately recovered with a perfectly sound limb, the elbow being freely movable in all directions without any pain. The slight stiffness of the articulation, which was present when the arm was taken off the splint, was treated by daily friction and shampooing and the use of a dumb-bell. Mr. Bowlby pointed out that in severe compound dislocations associated with extensive and lacerated wounds, suppuration was more easily avoided by thorough and free drainage, dry dressings, and avoidance of all syringing or washing of the articular cavity, than by attempts to close the joint and get union by first intention. On account of the tearing of the soft structures in the present case no artificial drainage was necessary.—The PRESIDENT observed that it was rare to obtain so good a result after such extensive injuries of the elbow-joint.—Mr. BRYANT said he could not help thinking that the damage to the brachial artery, by interfering with the blood-supply to the joint, had conduced to the successful result. He narrated two cases of similar injury in which the happy result appeared to be largely attributable to a like occlusion of the vessel. He mentioned that the principle had been applied in the treatment of phlegmonous inflammation—viz., to lessen the blood-supply by ligaturing the main artery.—Mr. BLAND SUTTON mentioned a case of phlegmon of the palm in which ligature of the brachial artery was of no value.

MEDICAL SOCIETY OF LONDON.

Congenital Malformations. — Friedreich's Disease. — Congenital Syphilitic Onychia.—Partial Excision of Elbow.—Ophthalmoplegia Externa.—Pseudo-hypertrophic Paralysis.—External Dislocation of Patella.—Hyper-trichosis.

A CLINICAL MEETING of this Society was held on Jan. 28th, Sir William MacCormac, President, being in the chair.

Mr. PEARCE GOULD exhibited a female child two years and a half old who was born with many malformations. There was a marked posterior curve in the lower dorsal region, with a compensatory curve forwards in the lumbar region. The rectum opened posteriorly just below the level of the anterior superior iliac spine, and there was no sphincter; this appeared to be an opening of the post-anal gut. In each hip there was a congenital dimple over the great trochanter of the femur, which was raised to the level of the anterior superior iliac spine; there was no femoral head to be felt, and no patella. There was partial movement at the hip-joint, very slight at the knee, and scarcely any at the ankle and in the foot. The thigh and leg were ill-developed, and the lower limb came to a point at the great toe, and each foot showed a talipes varus of a peculiar form, with flat sole. The child was the youngest of nine children, whose father had had locomotor ataxy for over twenty years.—Sir W. MACCORMAC inquired how far the father's condition was responsible for the deformity. — Mr. GOULD, in reply, said that six healthy children had been born since symptoms of tabes first showed themselves in the father.

Dr. HARRINGTON SAINSBURY brought forward two cases of Friedreich's Disease. The first occurred in a compositor, aged twenty-three, single, who was treated at the age of fourteen for St. Vitus' dance. The ataxia, the patient says, developed a year or two later. He had an attack of abdominal symptoms of obstructive character at the age of nineteen, and since then the ataxia had increased. The incoördination presented the characters usual in locomotor ataxy, affecting the arms and legs, but being most marked in the latter. There appeared to be some muscular weakness, the head was occasionally unsteady, the speech was thick, and the eyes showed slight lateral movements when looking upwards. The pupils were equal, contracting to light and accommodation; the discs were normal. "Pins and needles" were felt occasionally in the hands and feet, and cramps sometimes in the legs; the patient felt the ground under him. On testing the sensation, it was found slightly dulled in the feet and legs; there was no delay in perception. Muscular sense for posture and estimation of weight was fairly precise; the superficial reflexes and knee-jerks were absent, and there had been no urinary trouble. The facial expression was blank. The second case was

brother of the first, two years younger, presenting a similar condition, but the thickness of speech and blankness of expression were more marked. There was a third brother in the family affected in a like manner. The lesion was identical in position with that of tabes, but there was absence of pain and no cramps.—Dr. ORMEROD quoted several cases which had at first, and often for considerable periods, been mistaken for St. Vitus' dance. Looking at the constant unsteady movement in these cases, it was very hard to say that chorea was altogether absent. Dr. Sainsbury's case became worse after an acute abdominal attack; he had noticed a similar tendency to development of the affection after acute diseases—e.g., scarlet fever and typhoid.—Dr. SAINSBURY, replying to a question from Dr. Beevor, said that the father was a drunkard, but there was no family history of neurosis.

Mr. STEPHEN PAGET showed a case of Disease of the Nails in Inherited Syphilis, similar to that figured by Mr. Hutchinson in his Clinical Manual on Syphilis. All the nails were affected, hands and feet alike; thickened, discoloured, pinched; some were already shed. The posterior part of each nail was of a yellow tint, but there was no discharge from under them; no blisters round them. The baby (four months old) was the first living child after two miscarriages, and had suffered from sores at the anus and a papular rash on the chest. There had been snuffles, but no history of sore mouth. A slight attack of pemphigus, with some exfoliation of skin, had been noticed. It had rapidly improved under treatment.

Mr. DAVIES-COLLEY exhibited a case of Partial Excision of the Elbow for old Unreduced Compound Dislocation, following a fall from a hay-cart six months ago. The elbow was flexed, limited in motion; both bones of the forearm were dislocated backwards and outwards. There were no sores about the external condyle, and close to the internal was a sinus which led to rough, bare bone, and discharged a few drops of pus daily. The prominence of the internal condyle was gone, and some fracture or separation of the epiphysis had occurred, which had displaced the trochlea forwards and inwards. An attempt was made first to reduce the dislocation under ether, and this having failed, a partial excision was undertaken according to the method described by Dr. Patrick Heron Watson; the inner surface of the elbow joint being cut down upon, the lower end of the humerus exposed and removed, the radius and ulna being left intact. It was found necessary, in order to remove the fragments of external condyle, to make a small incision also on the outer side of the joint. The great sigmoid surface of the ulna now came into proper relation to the humerus, and the limb was put up in the extended position. A fortnight after the operation the limb was flexed to a right angle, and, later still passive and active movements had been employed. The arm, thirty-one days after operation, presented very little deformity, could be flexed to a right angle, and possessed very good rotation. The operation was much less severe than a formal excision, and probably would give a firmer joint; it was easy of performance, almost bloodless, and the important attachment of the triceps to the olecranon was left uninjured.—Mr. PITTS had treated a case of compound injury of the elbow-joint by excising the condyles. He got a satisfactory result, but the limb assumed a peculiar position. Partial excision was frequently practised for disease with excellent results, provided the entire disease was removed.—Sir WILLIAM MACCORMAC thought that cases of injury were even better suited than disease for this operation. The operation by a long ulnar and short radial incision was similar to that described by Hueter, of Greifswald, in his "Grundrisz."—Mr. DAVIES-COLLEY replied that the external incision in his case was very small, and appeared scarcely comparable with the deliberately planned cut of Hueter.

Dr. HADDEN exhibited a case of Muscular Atrophy, with partial Ophthalmoplegia Externa and Interna, in a man of forty, who had had syphilis fifteen years ago. His illness began five years ago with severe pain in the back, shooting down the arms. This was followed by wasting of the muscles of the hands and loss of sensation. Later he had complete double ptosis. At the present time he showed advanced atrophy of the interossei of the hands, as well as of the thenar and hypothenar eminences. There was some loss of power and atrophy also of the muscles of the forearms. There was no spinal caries. Sensation was intact, and the legs were not affected in any way. He had double ptosis, and very slight movements of the eyeballs upwards and downwards; the lateral movements were very fair. The internal recti, though acting well in association with the external recti, were very deficient when acting together; in consequence there was crossed diplopia. The pupils did not act to light, and only sluggishly with accommodation. Although there was no sign of paralysis of the face, the man had a very expressionless aspect; perhaps this was a form of paralysis—paralysis of expression. There was probably some syphilitic thickening, chiefly about the last cervical and first dorsal nerves, as well as a degenerative lesion involving some of the nerve nuclei in the fourth ventricle.—Dr. ORMEROD had seen two similar cases; one had ophthalmoplegia, with loss of sensation and wasting of the arms. The second appeared to be connected with alcoholism; there was muscular wasting, ophthalmoplegia, and partial ptosis, the illness commencing after an attack of delirium tremens. Suckling had described a similar case.—Dr. BEEVOR agreed that the cause was a meningitis of the cord, spreading down the nerve roots of the brachial plexus. The first dorsal nerve supplied the small muscles of the hand, the eighth cervical the flexors of the fingers. Was there any affection of the pupil, for those fibres were believed to come from the first and second dorsal. If the patient were instructed to flex the fingers, he only extended the wrist. In cortical disease all the ocular movements would be affected, whereas in the case exhibited the lesion was in the floor of the fourth ventricle, in the region of the nucleus of the third nerve. The side-to-side ocular movements would only be impaired when the nucleus of the sixth nerve was involved.—Dr. HADDEN replied that the pupils were thought to dilate a little in the shade. Though there was a strong alcoholic history, yet the improvement under mercury and iodide of potassium made him regard the case as of syphilitic nature.

Dr. C. E. BEEVOR showed a case of Pseudo-hypertrophic Paralysis occurring in a boy aged eight, who had been very backward since birth, and was not able to sit up till three years old. He was able to crawl after that age, but never on his hands and knees. He commenced to walk when aged four, but with difficulty, and was constantly falling on his face. He improved in walking up to seven years old, since which time he had gradually got worse. He had always difficulty in rising from a sitting or lying position. No family history of neurosis for three or four generations. The arms were weak, the forearms firmer and thicker than the upper arms. The triceps presented a convex contour; there was almost complete absence of the sternal fibres of the pectoralis major, and the latissimus dorsi was wasted, especially on the left side. The serratus magnus was not well developed, the infra-spinatus was enlarged, and the deltoids and both calves were enlarged and hard, there being feeble flexion and extension of the toes. Lordosis of the spine was present, the gait was straddling, the knee-jerks absent, and the patient got up from the ground in a characteristic manner.—Dr. DREWITT had seen one case in which massage produced considerable improvement in the early stage, though later it did no good.

Mr. PITTS showed a girl aged seven with well-marked recurring Outward Displacement of the Left Patella. This had only been noticed for a few weeks, but at birth some peculiarity about the joints generally was observed by the mother. The limb was now slightly smaller than the right one, and the patella moved outwards with a sudden jerk on flexion of the knee. Mr. Pitts believed the condition to be due to some muscular defect, probably the result of infantile paralysis. The patella and condyles of the femur were normal in appearance.

Mr. PITTS likewise exhibited a girl, aged twelve, after osteotomy for bad position of the left leg, resulting from early hip disease. The hip affection dated from five years of age, and a residual abscess formed and discharged three years ago. The limb before operation was greatly flexed, and adducted across the thigh of the opposite leg. Lordosis was very marked. The osteotomy was done with the saw between the trochanters, and the limb brought down quite to a straight line. All lordosis had now disappeared, and the girl walked well with the aid of a high boot. The curve between the great trochanter and the shaft was very abrupt, and showed the correction effected in the portion of the leg by the operation.—Mr. H. ALLINGHAM exhibited last year a man aged twenty-two with external dislocation. In him the vastus internus muscle acted very weakly to the electric test. The condition was probably a variety of infantile paralysis.—Mr. M. SHEILD

said that the fibres of the vastus internus came down lower on the inner side of the patella than the opposite muscle did on the outer, and this was probably to prevent external displacement of the patella.—Mr. DAVIES-COLLEY proposed that some operation like that of osteotomy should be done to produce an artificial bow-leg, and thus diminish the chance of the patella slipping from its groove.—Mr. PITTS, in reply, stated that no suffering or inconvenience was produced by the condition, for the remedy of which he proposed to adjust a spring-clip.

A case of Hyper-trichosis was exhibited by Dr. C. M. CAMPBELL. A well-developed moustache in a female was in process of treatment by electrolysis, showing parts cleared of hairs and the skin again normal, other parts showing recent scars of the needle and others untouched, though the hairs had been cut close.

Notices of Books.

A System of Midwifery. By WILLIAM LEISHMAN, M.D. Fourth Edition. Glasgow: MacLehose and Sons. 1888.—This work, the first edition of which appeared in 1873, has long been favourably known to the medical world. It is the work of a man who is well read in his subject, who has assimilated his facts, and who unhesitatingly states his conclusions. These qualities of course remain, with one drawback—viz., that the fourth edition has not (perhaps on account of the pressure of other matters) been brought up to date. Instances of this will be seen in the section concerning vomiting of pregnancy, where we can find no mention of "pernicious" vomiting, or any statement of our present knowledge on the subject; and in those on extra-uterine gestation and placenta prævia. The chapter on pelvic deformities requires rewriting, especially as regards the influence of such deformities on labour; so does that on Cæsarean section, which has become antiquated, making no reference to the new method of operating, but containing such a sentence as the following: "It is a matter of dispute whether we should or should not stitch the uterine wound. It is quite certain that this is not essential to success, and it is doubtful, as may be inferred from the experience of Winckel, whether or not it is in any way beneficial." Cæsarean section is an operation which any practitioner may be obliged to perform on emergency, and to instruct him thus is dangerous. The question of antiseptics is dealt with cursorily in two pages. The "old" parts of the book are so good that we much regret that the modern parts have not been brought abreast of our present knowledge. This may yet be done, and, if done well, the book will be little short of the best which we possess.

Handbook of Therapeutics. By SYDNEY RINGER, M.D., F.R.S. Twelfth Edition, pp. 632. London: H. K. Lewis. 1888. — This edition worthily maintains the standard reached before, and the author has been able to find space for notice of many of the newer remedies, as well as for additional notes upon many of the older drugs. It is almost ungracious to criticise closely a book that has reached a twelfth edition, but it appears to be marred somewhat by an undue appearance of infallibility. This is certainly preferable to the too cautious scepticism with which the subject is so frequently approached, but it is at times rather irritating, and it often leaves some doubt about the propriety of employing one drug rather than another when they are equally praised. The book is full of useful hints on methods of administration, and the detailed directions for the dietary for invalids are clear and serviceable. With so much upon diet (no less than eighty-three formulæ are given), it is curious to note that pepsin and other digestive aids are omitted.

The Science and Art of Training: a Handbook for Athletes. By H. HOOLE, M.D. Pp. 124. Trübner and Co. 1888.—Under this high-sounding title a good deal of useful information is compressed. Except for the seriousness and self-denial with which the subject is so often practically approached, the sub-title might have been deemed a sufficient designation for a book of this size, which is avowedly written for the general reader rather than for the student of science. The author follows the modern plan for arresting attention and lending an air of respectability. Training is shown to be based upon deep-rooted belief by reference vaguely to "remote times," and specially to the Greeks and Romans. This tribute to the antiquity of the subject having been paid in a brief introduction, the author proceeds pleasantly on his way, and in successive chapters deals with the preparation for athleticism; the formation and development of the human body; food; the nutrition of the body; hunger and thirst; diet and digestion; the muscular system; exercise and rest; and personal hygiene. In an appendix he gives in tabular form useful hints connected with exercise, leisure, sleep, the arrangement of meals, and similar topics. Upon the whole, the instruction given appears well adapted for those for whom the book is designed, and it is commendably free from pedantry and from the patronising air so common in books of this class. The hours for luncheon and dinner in summer appear to us too close together, but otherwise the directions are tolerably correct and easy to follow, and the book is well calculated to displace the erroneous notions of training which were so prevalent a few years ago.

Atlas of Chemistry (Inorganic and Organic). Part I. By VICTOR V. BRANDFORD, M.A. Edinburgh: E. & S. Livingstone. 1889.—This Atlas is intended for the use of medical and science students and science teachers in schools and evening classes, and it aims at supplying in a pictorial and diagrammatic form many facts which all students of chemistry are required to know. It cannot in any way replace a text-book, and for its proper employment it implies the constant supervision and explanation of a teacher. The ten tables of which the first part consists are sufficiently correct, although the author admits that he has sacrificed very great accuracy and nicety of detail to didactic effectiveness. The concluding table, which supplies a "scheme for studying each element," is admirably arranged, and would, when committed to memory, afford great help both in learning chemistry and in answering examination questions in an orderly and logical manner. Those students who are prone to be discouraged by the amount of detail in chemistry will find this Atlas remove many difficulties.

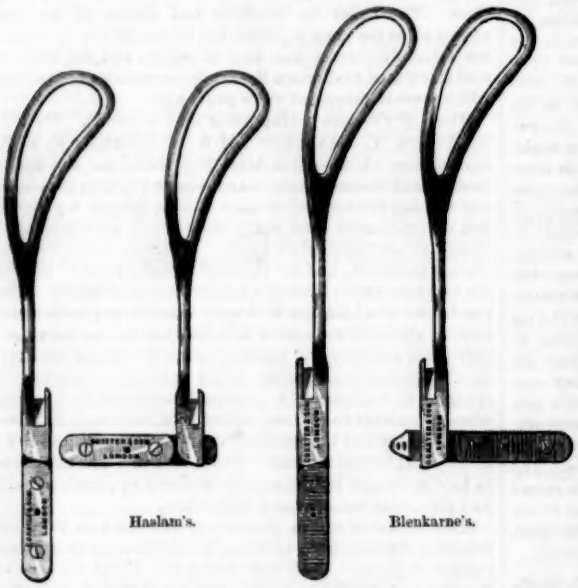
Hunterian Lectures on Tension, as met with in Surgical Practice; Inflammation of Bone; and on Cranial and Intracranial Injuries. Delivered before the Royal College of Surgeons of England, June, 1888, by THOMAS BRYANT, F.R.C.S., Vice-President and Member of the Court of Examiners of the Royal College of Surgeons, Consulting Surgeon to Guy's Hospital. London: J. & A. Churchill. 1888.—These lectures have been already published, but we are glad to see them issued in a separate form. They deal with cases of "every-day surgery," and therefore appeal to all members of the profession who practise any branch of surgery. Mr. Bryant does not formulate any new theory or advocate any new practice, but he enforces by abundant and excellent material views held probably by all observant and thoughtful surgeons. The lectures will be chiefly valued, we think, from the apt illustrative cases recited.

THE YEOVIL HOSPITAL.—This hospital is doing good work. During the past year 121 in-patients and 385 out-patients were treated. The income amounted to £560, and after the disbursement of the expenses a balance remained in hand of £32 14*s.* 5*d.* Lord Portman has been elected president in succession to his late father.

New Inventions.

AN IMPROVED MIDWIFERY FORCEPS.

ALTHOUGH of the various shapes and sizes of midwifery forceps it may be said that their "name is legion," very little, if anything, has been done to make the long forceps a less cumbrous or unwieldy instrument, especially as regards the adjustment of its upper (or anterior) blade. There are, indeed, Dr. Haslam's forceps (*vide* illustration), in which the upper blade can be shortened during adaptation by there being a hinge-joint in the handle; but, however admirable the general construction of these forceps may be, they are absolutely useless to those practitioners who (like myself) "put on" the lower blade first, as the "lock" of the lower blade is posterior—i.e., the lower blade itself is anterior, thus making it utterly impossible to adjust the upper blade secondarily (at any rate without a great risk of damaging the rectum). Then, again, the handle of Dr. Haslam's forceps is made to bend backwards towards the perineum, where it is in the way. Now, in the forceps which I have invented (*vide* illustration, which represents the upper blades of each of the said forceps) the handle is arranged to bend forwards towards the pubis, where it is not only not



Haslam's. Blenkarne's.

in the way, but, on the contrary, when bent, it forms a good "grasp" for the hand when adjusting it on the fœtal head. With these forceps, although they are slightly longer than "Simpson's Long" (Dr. Haslam's being about an inch and a quarter shorter than Simpson's), the adjustment of the upper blade is not only simplified as regards the obstetrician, but (and this is a most important gain) *all necessity of moving the patient to the edge of the bed is avoided*, there being no handle to get in the way of the mattress; *in fact, it is as easy to put on these forceps as it is an ordinary pair of short forceps.* The beautifully clear and exact engraving which accompanies this article is taken from a photograph, the scale being three inches to the foot. The general design of the forceps may be described as Barnes' forceps with Simpson's handles, the steel surface of the handle of the upper blade being slightly corrugated. My design and instructions have been most painstakingly carried out by Messrs. Coxeter and Sons, from whom the forceps may be obtained; and I feel sure that any practitioner who invests in a pair will not be disappointed in the simplification which I have hereby effected in thus doing away with that "bugbear" of many obstetricians, "putting on the upper blade."—W. L'HEUREUX BLENKARNE, M.R.C.S., L.S.A.

Leicester.

MEDICAL TRIALS.

QUEEN'S BENCH DIVISION, JAN. 24TH.

(*Sittings at Nisi Prius before* MR. BARON POLLOCK *and a Special Jury.*)

HENRY ARTHUR ALLBUTT *v.* GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION OF THE UNITED KINGDOM AND ANOTHER.

THIS was an action by the plaintiff, who is a medical practitioner, to obtain a writ of *mandamus* for the restoration of his name to the Medical Register; an injunction to restrain the defendants from publishing any notice of their decision to remove the plaintiff's name from the said Register; damages for such removal, and damages for libel. The plaintiff had published and sold at the price of 6*d.* a little book called "The Wife's Handbook," which the defendants considered to be obscene and detrimental to public morals. On Nov. 25th, 1887, the defendants, having summoned the plaintiff before them and having heard him by his counsel, Mr. Wallis, resolved: "That Mr. Henry Allbutt has committed the offence charged against him—that is to say, of having published and publicly caused to be sold a work entitled 'The Wife's Handbook' in London and elsewhere, and at so low a price as to bring the work within reach of the youth of both sexes to the detriment of public morals. That the offence is, in the opinion of the Council, infamous conduct in a professional respect"; and they ordered his name to be erased from the Medical Register, and the above resolution was duly recorded and published in the minutes of the Council, which is the libel complained of. The plaintiff alleged that there was no due inquiry before the judgment and resolution of the General Council, and that the inquiry, proceedings, resolutions, and directions were undue, irregular, illegal, and void. The defendants pleaded that the plaintiff was, after due inquiry, judged by them to have been guilty of infamous conduct in a professional respect, and that his name was thereupon erased from the Medical Register. They denied that they falsely or maliciously published the alleged words concerning the plaintiff, and pleaded that the said words were true in substance and in fact. The defendants further pleaded that the words were published without malice and were privileged. They contended that under the 29th section of the 21st and 22nd Vict., cap. 90 (the Medical Act), the General Council are the sole judges of the conduct of a medical practitioner, and that its decision cannot be reviewed in a court of law, and that in such a case no action can lie for a *mandamus* or damages for erasing the plaintiff's name from the Register.

Mr. Jelf, Q.C., and Mr. Macaskie appeared for the plaintiff; the Attorney-General and Mr. Muir Mackenzie for the defendants.

The facts of the case were not in dispute, and, at the end of Mr. Jelf's opening speech for the plaintiff,

The learned Judge pointed out that there was no question for the jury.

After hearing Mr. Jelf, Q.C., and the Attorney-General,

The learned Judge said that the only question was, Did the defendants properly exercise their jurisdiction? And he was of opinion that they did. The reports contained in the minutes were privileged, for the defendants were a body constituted by statute and charged with duties, one of those duties being to inquire and to act upon the result of its inquiries. It followed, therefore, that they were entitled to publish their proceedings.

Judgment was then given for the defendants.—*The Times.*

THE ENGLISH HOSPITAL, CAIRO. — Sir Evelyn Baring formally handed over to the Hospital Committee on the 23rd ult. the new wing to the Victoria Deaconesses' Hospital at Cairo, an addition which will supply a pressing want for the treatment of infectious and mental diseases, for which there had been no previous provision. The committee of management consists of Americans, Swiss, Germans, and English.

THE LANCET.

LONDON: SATURDAY, FEBRUARY 2, 1889.

To the well-wishers of the Royal College of Surgeons of England it is by no means agreeable to see the present entanglement at the College, or to anticipate the inevitable struggle shortly to be commenced outside the walls of the house in Lincoln's-inn-fields. There can be no doubt about the assailants having thus far waged war against the Council of the College in a spirit of great forbearance. They have used methods of honourable recognition and fairness, they have carefully avoided unnecessary wounding, and have repeatedly held out the flag of truce to the besieged; conscious of numerical superiority and of final success, they have been ready to build a golden bridge of conciliation for escape, and to grant the Council the full honours of war. The terms of surrender have been unusually moderate; moreover, the very drafting of the terms of surrender have been left to the Council of the College. The terms of capitulation are most modest and in just accordance with the spirit of the times; they are the same as were originally, we believe, drafted in 1884 by Mr. JOHN TWEEDY, and formally proposed by Mr. PAUL SWAIN of Plymouth. They are as follows:—

"1. That in the opinion of this meeting it will materially conduce to the welfare of the College that the Fellows and Members should be invested with a larger share of the management.

"2. That it is desirable that no alteration in the constitution or relations of the College shall be effected without the consent of the Fellows and Members convened to discuss such alteration.

"3. That there shall be an annual meeting of the Fellows and Members, at which the annual Report of the Council shall be presented, received, and [if approved] adopted.

"4. That at such meeting the President for the ensuing year be elected by a majority of the Fellows present."

The majority of the Council of the College have upheld the flag of "No surrender," and we are now to be the spectators of a fight for the possession of an extended franchise, as well as for a more liberal interpretation of the relative duties devolving on surgical representatives in Council, and the Fellows and Members. The House of Commons will be the battle ground; on its floor are to be ranged the respective champions of the present Council and the reformers; and within the precincts of our national assembly house will be heard the plain unvarnished statement of facts, and the arguments for and against reform. It becomes, therefore, an incumbent duty on all those who are interested in collegiate matters to interview their respective members of Parliament, and endeavour to gain their support; also to embrace every opportunity of ventilating ancient grievances in public and private meetings, and leave no stone unturned in furtherance of the future development of the stability of the College itself. Notoriously, at present the position of the Council of the College is an apt illustration of the "house divided against itself." The College Council is assailed not only from without, but also from within. We consider that the number on the side of the attack must inevitably increase by reason of the publicity given to the subject of reform; for Fellows and Members of the College have in past years been too apathetic on the subject of collegiate discipline. The majority of the Council of the College have only to blame themselves for the increasing dissent and rebellion amongst many of the Fellows and Members; their persistent intention to maintain an obsolete form of government, their marked inattention to the resolutions so frequently adopted in their own hearing at general meetings, their utter disregard of the developmental changes of procedure noticeable in far wider circles than that of surgery, have already alienated many, not a few of whom are the really loyal, independent spectators, who are the customary adherents of authority, and who demand ample reasons for dereliction prior to abandonment.

Undoubtedly, the credit of raising in the House of Commons the question of reform of the Council of the College is due to the Members of the College and their representatives. Their spokesmen will be able to prove conclusively that the Fellowship of the College of Surgeons carries with it but the faintest shadow of Fellowship; that the Membership is shorn of every shred of governing or controlling power in the College; that the rights and privileges of Fellows have not been increased one fractional quantity since the time of their first institution; and that the Members, unless this agitation had grown, never would, and unless it is maintained never will, have share or lot in the conduct of their own College. Section 15 of the Bye-laws of the College seems drafted in one of the quaintest veins of satire: "The Council will, at all times, protect and defend every Fellow and Member of the College who may be disturbed in the exercise and enjoyment of the rights, privileges, exemptions, and immunities acquired by him as a Fellow and Member, or Member thereof." What are these rights, privileges, exemptions, and immunities? Judging the Council of the College by their action towards the Fellows and Members, neither Fellow nor Member can be likely to appeal to the Council to protect and defend his rights, privileges, exemptions, and immunities; indeed, the majority of the Council have been engaged in protecting and defending the present position of affairs, which, in our opinion, deprives the Fellows and Members of that full exercise and enjoyment of their just rights, privileges, exemptions, and immunities to which they are entitled. Modern times are associated with modern circumstances; institutions of every character require modified constitutions. We are sanguine enough to predict that the House of Commons, which has sanctioned within a few years the enfranchisement of two millions of people, that has placed the election of representative members of the Medical Council in the hands of the general practitioner, and has altered the whole features of vestry and magisterial rule by the introduction of a far reaching Local Government Act, will not refuse the franchise to an ordinary Member of the College in his own College; for by his training, education, examination, and very acceptance by the College as a Member, he has proved his worth; and he should in reality, and not in name only,

have and enjoy the rights and privileges of Membership, and thus add stability, as a component part, to the integral fabric of the Royal College of Surgeons of England.

THE Epidemiological Society has done wisely in extending the scope of its influence to the consideration of phthisis as a widely spread epidemic disease, with the view of dealing with it as preventable. In the abstract of a paper by Dr. EDWARD SQUIRE on this subject, published in our issue of last week, it will be seen that it is handled with ability by a physician of wide experience; but it is impossible in an abstract to do justice to the orderly array of facts and of quoted authorities supporting the main conclusions. KOCH'S discovery of the tubercle bacillus is the basis on which phthisis is boldly asserted to be a contagious disease, and the evidence set forth in proof of this certainly goes far to substantiate the assertion.

As in all diseases of this class, the part borne by the predisposing causes, or the environment in which the germ may find place, is at least as important in influencing the production of the disease as is the presence of the germ. Though much may be done by a knowledge of the life history of the germ, and its destruction in sputa or diseased tissues or secretions, to limit the immediate sphere of its activity, much more is not only possible, but is imperatively called for, to diminish those predisposing causes the discussion of which appropriately occupies three-fourths of the paper under consideration. It has been fully shown by Dr. BUCHANAN that dampness of soil is an important factor in the production of the disease. It is further shown that climate, over which we have but a limited influence, is by no means so potent a predisponent as is generally supposed. The crowded dwellings of any large manufacturing community afford as fit a ground for phthisical disease in the south as in the north of this island. It is not the cold climate of Canada or of the higher Alps that controls the disease, but the purity of the air and the sparseness of the population. Overcrowding is the great predisposing cause, yet without the specific germ it seems incapable of producing phthisis, or the disease would have been noted in the stifling huts of Fiji. Other instances of communities free from phthisis until the disease has been imported are referred to in the paper.

Next, if not of equal rank, as a predisponent is youth or adolescence. Hence care against overcrowding or inefficient ventilation is as necessary in dwelling-houses and in schools as in factories and work-rooms. Air loaded with either organic or inorganic particles renders the pulmonary cells more receptive of the specific bacilli which are never absent from our large towns. If in any dwelling phthisis attacks one inmate, the air will soon be loaded with such bacilli. Instances of healthy persons being attacked when attending upon the sick are but too common when due attention is not paid to regular exercise, proper periods of absence from the sick room, and sleep in another apartment. A further great predisponent to phthisis is previous illness, and especially some of the contagious fevers. Here we see the great advantage to the health and future vigour of a community that would result from a serious effort to limit the diffusion of infectious diseases. With a system of medical inspection of schools it is possible the present epidemic of measles, for instance, might have been greatly limited, and by a timely closing of certain day schools cut short, and the young so saved from those pulmonary complications which specially form a nidus for tubercular infection. The same may be said if cases of whooping-cough were always promptly released from school attendance. How often is the appearance of phthisical symptoms in the most promising member of a family, at the time when development is most active, due to mischief acquired in the course of one or two of those diseases that ought to be far more rare among us than at present. Moreover, phthisis, unlike other aerial infections, has not only its long course and its long periods of latency, but has a possibility of transmission by heredity. It is, therefore, for this last reason, a disease which especially deserves that the greatest efforts should be made for its prevention. Much has been done to diminish the prevalence of phthisis amongst us, but much more is still necessary before a vastly greater diminution may be accomplished. Among the means requisite to this end are such as are needed to check the prevalence of every preventable disease—viz., sanitation, hygiene, and the intelligent individual care of the sick.

PROFESSOR CORFIELD, who has again, and very wisely, been selected as President of the Society of Medical Officers of Health, devoted his inaugural address to the History of Sewage Disposal Inquiries. This address has been printed[1] and all who are interested in sewage disposal will read it with profit. The history has often been told in these columns and elsewhere, but a compact summary of it is at all times welcome, and is especially valuable just now when a new system of local government affords hope that wise counsels will at last prevail in the metropolis. The Metropolitan Board of Works is dying, and with it should die the method of sewage disposal which has so long and so obstinately been maintained. In the brief limits of an address it was of course impossible for Professor CORFIELD to do full justice to his subject, but he has presented us with a lucid synopsis, using whenever it was possible the words of the public reports to which he refers. His well-known manual supplies further details on many important points. It is obvious that no study of the sewage difficulty can be complete without a simultaneous consideration of the not less intricate and important question of water-supply, and neither in the pamphlet nor in the manual is this consideration ignored.

Modern history in regard to sewage disposal may not unfairly be said to begin with the name of EDWIN CHADWICK, who as long ago as 1842—a date which to sanitarians seems almost ancient—advocated not only the removal of sewage by water carriage, and the necessary adjunct of an improved water-supply, but also the diversion of sewage from rivers in order to avoid "the loss and injury by the pollution of natural streams." Land irrigation appeared even then to Mr. CHADWICK the best method for the disposal of sewage, and he fortified his opinion by the oft-quoted case of Edinburgh, where for generations the poorest soil has been turned into fertile pasture by the application of town sewage. Shortly after the report of the

[1] Messrs. Collingridge and Co., of Aldersgate-street, London.

Poor-law Commission, in which Mr. CHADWICK'S views were stated, the Health of Towns Commission commenced their labours, and issued in 1844-45 two valuable reports. This Commission was succeeded by the General Board of Health, which collected much evidence in regard to sewage and water-supply; and this, together with the conclusions arrived at, were from time to time published in Blue-books, some of which are still useful. Then in 1858 came the Royal Commission on the Sewage of Towns. The third and final report of this Commission, published in 1865, contains the results of the famous Rugby experiments, with the conclusion, previously indicated, that "the right way to dispose of town sewage is to apply it continuously to land." In 1865, and afterwards in 1868, successive Royal Commissions were appointed to inquire into and report upon the pollution of rivers by sewage and manufacturing processes, and the best means of preventing the same. The labour and expense employed upon these Commissions were almost incredible, and the results were embodied in nearly twenty folio Blue-books, of which the sixth and final report, published in 1874, was the most remarkable. This last report dealt with the domestic water-supply of Great Britain, but has a distinct and obvious bearing on the question of sewage disposal. The broad conclusion drawn from the whole work of the two Commissions was that irrigation was the best mode of disposing of sewage. A committee of the British Association, appointed in 1869, arrived, after eight years of most laborious work, at the same conclusion, and as they made careful quantitative experiments for five years at Breton's Farm, near Romford, a well-known sewage farm, their opinion was entitled to great weight.

The disposal of sewage by land irrigation, recommended by so many successive bodies of inquirers and supported by such a mass of evidence, has been tested on the large scale and in a variety of ways (not only in England, but abroad), and Professor CORFIELD quotes abundant testimony as to its success. Precipitation processes have occasional and local value, and may often with advantage be employed conjointly with irrigation. But the general consensus of opinion is entirely to the effect that, except in cases of absolute necessity, the sewage, whether clarified by precipitation or not, should be applied to land before it is discharged into a river. To this opinion we have invariably adhered, and every new investigation tends to strengthen it.

We now come to the Royal Commission appointed in 1882, to inquire into the subject of Metropolitan Sewage Discharge. We have for years frequently, strongly, and at times almost hopelessly striven to arouse the attention of our legislators to the frightful and dangerous pollution to which the Thames is subject. The Royal Commissioners, men of the highest standing in the legal and scientific worlds, after a protracted inquiry, conducted at very great expense, expressed their opinion, in their final report, in the following strong terms: "We do not consider it expedient that the sewage of the metropolis should be discharged in its crude state into any part of the estuary of the Thames from the Nore upwards." They furthermore stated distinctly that no precipitation process would alone render the sewage fit for introduction into the river at or near the present outfalls. How far this advice has been followed by the Metropolitan Board of Works our readers can judge. The Board spent an enormous sum of the ratepayers' money in the attempt to prove that no nuisance existed under the existing system, and, driven from that position, it has defied the advice, which should have been held to be the orders, of the Royal Commissioners, and elected to keep to the present outfalls, separating, indeed, the suspended matter by precipitation, but making no pretence of land filtration. It is satisfactory to find that the Board's latest adviser, Sir HENRY ROSCOE, whose authority none can gainsay, has expressed a strong opinion in favour of the recommendations of the Royal Commissioners, and it seems almost incredible that the newly elected Council will ignore them. Professor CORFIELD'S views on the subject are in entire agreement with our own, and we wish that space permitted us to quote *in extenso* his concluding remarks.

OUR columns this week report abstracts of the Inaugural Addresses of the Presidents of the two most active of the metropolitan Medical Societies. At the Clinical Society, Mr. CHRISTOPHER HEATH took occasion in his remarks to make a thrust at the "positiveness" of the pathologist, and illustrated the point by reference to his own experience of the clinical history of some forms of so-called malignant new growths. He declared, as he was well entitled to do, that the surgeon should not be unduly biassed in his judgment of the expediency of operative interference by the results of the microscopical examination of a small portion of a growth. But pathology is not confined to the narrow circle of the microscopic field, and he is the best pathologist and the most entitled to pronounce upon the probable outcome of a morbid process who considers not merely the anatomical structure and relations of the tumour, but has regard to the life-history of such a growth founded on clinical observation. The fact is, that it is impossible to dissever clinical from pathological observation; the facts of the deadhouse and the laboratory must be controlled by, and collated with, the facts revealed by bedside investigation. Mr. HEATH did good service in bringing home to the practical surgeon the lesson of the importance of rapidity in execution of operations, and he deplored the tendency of modern surgery, under the protection of anæsthetics, to unduly prolong the time that a patient is upon the operating table. The question is one well worthy of consideration, and an inquiry into the physical disturbance due to such a cause might well be made; yet, although *a priori* one would expect such disturbance to be serious, it may be questioned whether the mortality after operations is so much influenced by their duration as might be thought. Mr. HEATH also alluded to other matters of clinical interest, and his suggestion that a collective inquiry might be made by hospital registrars upon cases of sarcoma and carcinoma may, we hope, be taken up; whilst the members of the Society will be glad to find that their new President has in mind some schemes for the better conduct of their business and for enhancing the value of their Transactions.

Compared with the trenchant criticism of his fellow President, the address of Dr. DICKINSON before the Pathological Society may be less striking, but it was certainly not less instructive. It was tinctured, too, with humorous allusions and analogies, of which the first note appeared in

his comparing himself to the figure-head of a great ship, whereby he modestly disclaimed any share in the motive power of the Society. The whole tenour of his address went, moreover, to disarm the criticism that pathologists are marked by "positiveness," for although he pointed to the advances made in pathology, he showed also how much had yet to be done before the subject which lies at the basis of scientific medicine and therapeutics can be in any way exhausted. In his rapid survey of some of the more striking steps made in pathological inquiry during the forty-six years of the existence of the Society, he enumerated many subjects in which the Society itself has taken a prominent share. Indeed, the history of pathology during this period is largely written in the invaluable series of volumes of Transactions that the Pathological Society has put forth. It has been said that morbid anatomy, like normal anatomy, has been wellnigh exhausted; and that if we hear of new discoveries in the former field, as often as not it is a question of new nomenclature or of some slight histological minutiæ. We venture to think, however, that there is still room for fresh additions to knowledge of morbid anatomy, for besides the groups of disease which from our ignorance are termed functional, and the effects of lesions which seem to be transient, but which leave permanent changes behind them, we are as yet but on the threshold of inquiry into the inter-relations of morbid changes in different organs, and the evolution of such changes in the animal and vegetable world, of which, by the way, examples were given at this meeting of the Society. The functions of the Pathological Society are, moreover, as its President remarked, by no means limited to the examination of morbid specimens. It has to embrace all branches of pathological science; and there is no reason why it should not, more actively than hitherto, take a part in the furtherance of inquiry into the relations of micro-organisms with disease, and open its Transactions to the publication of facts of pathological chemistry, directions in which doubtless much of the future of pathology lies hidden. Bacteriology and chemistry are as yet pursued by comparatively few, and it is unlikely that these branches of pathology can ever predominate. Indeed, we trust that the Society will continue to encourage the prosecution of the older branch, and thereby utilise for the good of medicine the material afforded by the pathological departments of our London hospitals. Under the capable direction of Mr. HEATH and Dr. DICKINSON we may look forward to a continuance of usefulness and prosperity of these excellent Societies, the work of which should reflect the progress made in clinical medicine and surgery on the one hand, and in pathology on the other.

THE Lord Mayor is to be congratulated on the meeting at the Mansion House on Tuesday for promoting a new and much-needed departure for the support of our great London hospitals. Both the nature of the proposals and the speakers and speeches by which they were supported are matters for congratulation. It has been felt for years that, though the hospitals of London exist primarily for the less fortunate of the industrial classes, these classes make a very inadequate contribution to their support, and that the Hospital Saturday Fund, which came into existence chiefly to tap that source of income, had not been very successful. It has worked hard and supplied willing labourers, for the most part ladies, to collect in the streets on a single day of the year odd pennies and shillings from passers-by; but it has failed signally to organise a machinery by which a small but frequent periodical contribution from the working classes and others not now contributing to hospitals could be obtained. Such a defect in the work of the Hospital Saturday Fund was the more remarkable inasmuch as several provincial towns had set an example of what could be done by properly appealing to the working classes. As we said last week, methods have been found in Sunderland, Newcastle, Leeds, and other towns, for securing large sums from the working men with the precision with which other classes are made to contribute to the income tax. Of course, such methods can only be undertaken by the consent of the employers and *employés* on a large scale. And it is the very scale that raises the only doubt of the success of this measure for London, and supplies the only excuse for the failure hitherto of the Hospital Saturday Fund. The meeting at the Mansion House gives definition, however, to the determination to try this method in London, and that Fund has undertaken the task of putting it into execution. The Council of the Fund may well be stimulated by the prospects raised in the speeches of Tuesday, as well as sobered by the obvious magnitude of the duty to be discharged. We do not augur less favourably of the movement because of its difficulties, and the clear expression of these difficulties by the different speakers. A keen appreciation of these is the best guarantee that they will be overcome. If the Saturday Fund can realise two-thirds of the sum of £100,000 per annum, which Mr. ALGERNON COOTE, in his hopeful speech, declares it practicable to raise by the collection of weekly pence, it will have done much to make the sister fund more ingenious in collecting pounds. A proposal to enlarge the operations of the Hospital Sunday Fund was made at its meeting last week, but it was for the time being negatived as being somewhat beyond the powers of the Fund and the purpose for which it was originally constituted. One speaker at Tuesday's meeting did well to utter a word of caution, to the effect that there should be a clear understanding from the outset that this scheme is not a provident dispensary one. It may well be claimed that, if the working classes are to contribute largely to the financing of hospitals, they shall be fairly represented on the committees. But it must not be claimed that there is to be a specific *quid pro quo*. The idea that every pound is to be repaid by so many tickets and by any amount of accommodation to otherwise unfit and unsuitable cases is one to be negatived *ab initio*. Hospitals are for the accommodation of extreme and exceptional cases, not of ordinary illness; and no encouragement should be given to those who are earning fair wages to think that they are entitled to gratuitous hospital treatment because of these contributions. Otherwise the complaints so often raised by general practitioners with regard to the abuse of hospitals by those for whom their benefits are not intended will, and that not unjustly, be more bitter than ever. Next to the better contribution of the wage-earning class for abating the difficulties of hospitals is the adoption of proper methods for freeing hospitals from unfit work and cases, and

from a system of tyrannous recommendation. If the scheme succeeds, and the working classes do their part, the rich will more generously do theirs.

Annotations.

"Ne quid nimis."

THE ENGLISH DEATH-RATE IN 1888.

IN commenting a week or two since upon the recorded death-rate during last year in the twenty-eight large English towns dealt with in the Registrar-General's Weekly Return, we stated that these rates justified the belief that the death-rate in the whole of England and Wales in 1888 was considerably lower than that in 1887, which was 18·8 per 1000, and the lowest on record since the commencement of civil registration in 1837. The Registrar-General's Quarterly Return for the last quarter of 1888, which is issued just as we are going to press, shows that the English death-rate for last year did not exceed 17·8 per 1000 of the estimated population, and was thus 1·0 below the lowest rate previously recorded. The Registrar-General points out that the recorded death-rate in each of the eight years 1881-88 was lower than the rate in any year on record prior to 1881; and the mean annual rate in these eight years is no less than 2·3 below the mean rate in the preceding ten years 1871-80. It is further pointed out that this remarkable decline in the English death-rate implies that more than half a million persons "were alive in England and Wales at the end of 1888, whose deaths would have been recorded during the eight years 1881-88 had the rate of mortality in those years equalled that which prevailed during the ten years 1871-80." Until the publication of the Registrar-General's fifty-first annual report containing the detailed statistics for 1888, which will probably not be issued until the close of the present year, it will not be possible to analyse the causes which contributed to the marked decline in last year's death-rate. The information supplied by the four quarterly returns abundantly prove, however, that a considerable proportion of it was due to the unseasonably cold and wet summer which reduced the usual mortality from infantile mortality from diarrhœa to exceptionally small proportions; and it is further evident that the recorded mortality from the other principal zymotic diseases was considerably below the average. Owing to the marked decline in the death-rate, the natural increase of population by excess of births over deaths in 1888 showed an increase upon that recorded in 1887, although the registered births showed a further considerable decline, and were actually fewer than in any year since 1875, when the registration of births first became compulsory. The excess of births over deaths was less by nearly 6000 than the estimated increase of population during the year, thus implying that the excess of emigration during the year was more than counterbalanced by increased immigration from other parts of the United Kingdom, or from other European countries. It is not possible, until the next census, to determine the probable accuracy of this assumption. It appears, however, to be the deliberate opinion of the Registrar-General that the over-estimate of the present population of England and Wales, if there is an over-estimate, is of inconsiderable proportion, and does not materially affect the value of the calculated rates of marriages, of births, and of deaths that are put forward from time to time in his quarterly and annual reports.

THE METROPOLITAN ASYLUMS BOARD AND MEASLES.

THE Committee for General Purposes of the Metropolitan Asylums Board have recommended that, as it appeared doubtful whether the managers have power to admit measles into their hospitals, the Local Government should be asked to state whether they have such power, and if not whether that Board will take steps to secure for them the necessary legislative authority. An amendment was moved which practically decided that the managers will not at present receive cases of measles, and which left it to the Local Government Board to take action in the matter, or not, as they saw fit. The decision of the managers is one which must, we think, be regarded as a proper one. They have already vast responsibilities in connexion with metropolitan infectious diseases; and although, as we saw during the late scarlet fever epidemic, the accommodation at their disposal can be strained to the utmost by one disease alone, yet they have not hesitated recently to add to their duties by undertaking the isolation of diphtheria. This they have done without making any additional separate provision for dealing with a disease which will probably show itself to be intensely infectious, and this especially if children suffering from other diseases are allowed in any way to come into contact with it. To have added measles to their list without knowing precisely how it was to be dealt with, in addition to all the other diseases which have to be isolated, would have been a mistake of the utmost gravity. Dr. Bridges was present at the meeting in question, but from the report of the proceedings he did not undertake to advise the managers; and this compels us to advert to the fact that the Asylums Board stand in need of a medical adviser who shall give his whole time to the important duty of advising them on the medical aspects of their administration, and of seeking for them such information as is to be obtained as to the results which may be expected to follow on the large work they have in hand of aggregating the infectious sick together in such vast numbers. The managers are every year becoming more and more a sanitary, as opposed to a poor-law, authority; they will in the future evidently be the one isolation authority for London, and if measles or any other infectious disease is to be isolated they will have to do it. It is therefore of the utmost importance that the medical considerations of their present and future action should be based on uniform and permanent skilled advice, and not upon the mere chance of one or more medical managers being present to give casual advice on any special occasion.

UNHEALTHY SHOPS.

IT is a satisfactory sign of our times that the unhealthy state of many trading establishments is attracting public attention. The wholesomeness of city air is at no time all that could be desired. When its unavoidable degree of impurity, though not great to begin with, is increased by the concentration within a limited area of shop dust, gas fumes, and the exhalations of numerous buyers and sellers, it is easy to see why the resulting atmosphere is unfit for human respiration. The want of proper ventilation, which would materially alter this state of things, is one great drawback to shop life. When we recognise in addition the fact that in many houses of business the bedrooms of *employés* on a higher storey of the same building receive this vitiated air, it is clear that hard work is not alone accountable for the poverty of blood and tissue apparent in the aspect of so many shop assistants. Overcrowding of sleeping-rooms, and even of beds, is another grievance. Yet another is the want of proper watercloset accommodation. This latter necessity we have known to be so inconveniently placed that many women would neglect the

call of nature rather than face the exposure incurred by using it. As to cisterns, their very existence, we fear, is in most cases hardly thought of. The changes wrought by time will doubtless include the correction of much of this mismanagement, and the view of some employers evidently is that they should wait for this delayed process of reformation. In the meantime their servants must endure what they will not cure. In the interest of these latter, it is needful to anticipate such tardy improvements. With a view to the correction of abuses, we have always advocated some form of shop inspection. This is evidently called for, but who is to undertake the work and the supervision of subsequent repairs? Shall the Mansion House Council, or the vestries, or the County Councils? One or other should certainly act in the matter. Probably the best plan would be to employ the new brooms of our lately elected civic parliaments to sweep out this dirty corner of the commercial household.

THE MEDICAL DEFENCE UNION.

THE annual report of the Medical Defence Union for the year 1888 is more satisfactory than could have been expected. It was known that the Union was placed in awkward circumstances at the beginning of the year. It has been reconstructed with much labour, and is now ready for action, under the presidency of Mr. Lawson Tait and with two honorary secretaries, Dr. Alfred G. Bateman and Dr. Leslie Phillips of Birmingham. Though the forces of the Union have not yet been called into play to defend one of its members in an action at law, there is fair reason to believe that it will be found ready when the occasion arises. Meantime it has prevented such actions, which is a far greater service. It has been the principal means of securing the removal of one practitioner from the list of Members of the Royal College of Surgeons and from the Medical Register, and it has helped very materially in securing the conviction of an alleged spiritualist and faith healer, whose history was thoroughly bad, for assaulting a young girl whom he had brought under his care as a medical practitioner with an American diploma. The Union complains, not without reason, of the scanty encouragement given to it by the Registrar-General and the medical authorities in attacking irregular practice in its various forms. The number of members is 442. The available assets of the Union are thus estimated in the report:—Balance in hand, £25; subscriptions due, £221; subscriptions overdue, £71; guarantee fund, £538; total, £855. We trust that the Union will soon have more members. The needs of such a Union cannot be denied, and it has only to conduct a few cases with tact and judgment to a successful issue to command the support of the profession.

OPHTHALMIA NEONATORUM.

DR. Y. SANT'ANNA, in a paper read before the Society of Medicine and Surgery of Rio de Janeiro on the subject of ophthalmia neonatorum, expressed a very strong opinion that this affection never occurs except under circumstances where gonococci are present in the maternal passages. He prefers Crédé's prophylactic method of dropping a solution of nitrate of silver into the eyes as soon as the child is born to Gusserow's plan of antiseptic vaginal injections. He would employ the instillations in all cases where the woman is suspected of being a loose character, in multiparæ where the former children have suffered with ophthalmia, where the woman belongs to the very lowest classes, and where the father has had gonorrhœa. In the course of his paper, Dr. Sant'Anna mentioned that in the maternity clinic connected with the Faculty of Medicine in Rio de Janeiro no less than 12 per cent. of the children born were affected with purulent ophthalmia. Notwithstanding his preference for the nitrate of silver prophylactic treatment, he would not use it in all cases indiscriminately, having, as he believed, found that sometimes it was of itself capable of setting up a very undesirable amount of inflammation. As may be supposed, Dr. Sant'Anna's views were pretty severely criticised by some of his auditors, who brought forward cases in which ophthalmia neonatorum had occurred where it was impossible that gonococci should have been present in the maternal passages. Again, it was not generally conceded that the instillation of nitrate of silver could ever produce any undesirable effect.

COURT DRESS IN COLD WEATHER.

THE unsettled weather which we have lately had to face affords but little ground for a hope of better things next month. Members of both sexes may well be excused for a natural feeling of apprehension on entering the bleak season which "fills the dyke" with rain, and the question of dress is to all a matter of some consequence. Especially may this be said of the socially favoured few who will attend the February Drawing Room. We have by this time become familiar with the spectacle of carriages waiting with fair occupants, brilliant in costumes which afford no protection to their cold-pinched necks and shoulders. Beautiful it may be, but why so irrational? Such, or something like it, must have been the remark of many besides ourselves who have witnessed the payment of this tribute to ancient custom. The parts thus openly exposed to every chilling draught or wind are precisely those which on every other day, at such a season and hour, are covered with particular care. We cannot, then, pass over as absurd the idea that attendance at the winter Drawing Room may be for many the forerunner of serious illness. It is impossible to overlook the lurking danger involved in this untimely, and in the nineteenth century utterly ridiculous, concession to social rule, and we cannot be too devoutly hopeful that report for once is right in saying that Her Majesty's good sense has so far modified Court usage that higher dresses may be worn at her next great reception.

CHARGE OF NEGLIGENT OPERATING.

A STRIKING example of the way in which medical men in Russia sometimes bring charges against their professional brethren has recently been published, and is attracting some attention. An unmarried woman was attended by Dr. Khatskelevich, who performed Cæsarean section, the woman dying thirty-six hours afterwards, while the child lived. Dr. Khatskelevich was prosecuted on the charge that he performed the operation needlessly, unskilfully, without consultation with another medical man, and without sufficient assistance. This charge was supported by the report of five medical men, who were deputed to make a post-mortem examination, at which apparently no representative of the defendant was present. The opinion signed by the five medical men was as follows:—"1. The labour might have been terminated by the natural passages either by forceps or by turning. 2. There was no indication for the performance of Cæsarean section, as carcinoma could not have been diagnosed microscopically. 3. The slight carcinomatous induration found with the microscope presented no indication for the Cæsarean section. 4. The operation should have been performed in ten or fifteen minutes (whereas it was alleged to have taken two hours). 5. At least three assistants were requisite. 6. The woman died in consequence of considerable internal hæmorrhage, due to insufficient preparation and the prolonged operation." It was alleged that much time was lost through fresh sutures and forgotten instruments having to be sent for. The reply of the defen-

dant to these charges was that he had attended the patient before for hæmorrhage due to cancer of the cervix, and that when labour came on the cervix refused to dilate. He waited for three days, hoping that it would do so. As, however, the patient's condition was then very low, and as some foul fluid began to be discharged, he determined to try at least to save the life of the child by operating. While he was at home getting things ready, word was brought to him that the woman was dying, so he made as much haste as he could, and as a doctor he had sent for was out he had to content himself with two dressers to help him. No chloroform was needed, as the patient was unconscious. He believed death to have been due to gangrene of the lower part of the uterus. Several professors and experts were called on for reports, and they did not hesitate to criticise the unsatisfactory report of the post-mortem examination signed by the five medical men. Their conclusion was that under no circumstances could the woman's life have been saved. The prosecuting counsel demurred to that view, and claimed £100 damages for the benefit of the two children left by the deceased. The matter appears to be still unsettled. It points, however, a very strong warning to medical men to be exceedingly cautious in bringing charges of negligence against a professional brother.

ANTI-VACCINATION GUARDIANS.

THE mistake of allotting to a Poor-law authority an important sanitary function is becoming more and more evident. The last piece of intelligence on the subject is that the Kettering guardians have decided, by thirteen votes to ten, not to enforce the provisions of the Vaccination Act. Some ten boards of guardians have now openly adopted this illegal attitude; and, as wavering boards find that nothing is done by the central authority to put a stop to this action, they gradually join with their objecting brethren, and adopt similar resolutions. As boards of guardians they have no definite health functions, and they often hardly realise that they are doing more than nightly giving way to a few noisy agitators amongst their own constituents. The silence observed at Whitehall is the principal cause of this maintained defection, and the authorities there must be prepared to bear their share of the blame when the results follow which must sooner or later overtake violation of the law.

WHAT ABOUT DANCING?

FROM some cause or other it would seem that dancing as an amusement is less in vogue than formerly. Balls and dancing parties no doubt are very general; but so is the complaint that men care less about them than they did. The age, it would seem, has grown more practical, and its pleasures have put on a more serious air, at least with a number of the less emotional sex. It is not to be expected, however, or desired, that an art which has held for many years a high place in the scale of social amusements will soon or ever be forgotten. There is, indeed, much to be said in its favour. It provides an excellent means of light exercise for the muscles of the body generally, in a greater or less degree. It encourages alertness of action, for

> "Those move easiest who have learned to dance,"

and, by association, alertness of mind also. It adds to the happiness of social intercourse, the varied courtesy of changing companionship, and a means of widening, if desirable, the circle of one's acquaintance and influence. So much in brief as regards the advantages of dancing. Were they its only fruits, the Puritan's objection would not hold. But in a measure it still does. Here and there, shall we say a little everywhere, there are abuses, separable doubtless, but not yet separate. Let us look at the physical objections. Firstly, the hours are often very late. No one dances in the daytime unless a learner, and there is something unhealthy in a plan of pleasure which, after a day of exertion, provides not a mere evening but a night of active amusement. During this long period rooms must get hot and close, thinly-dressed dancers pass out into cool and draughty passages, and sometimes health suffers. Then, there is with all the variety of movements but one exercise, for the programme is full of dances, nothing else. Hence the very pleasure of the art is apt to be swallowed up in its own monotony. With so much to do, and that of one kind, there is also too little occupation for the mind, and round it must go, so to speak, in the body's whirl. Then what of thirst and its supplies? Why so free a use of stimulants to quench it, and of ices and other artificial food by way of nourishment? Such drawbacks as these have probably much to do with an objection to dancing still prevalent in many quarters. There is nothing hurtful in the practice itself; much that is good; but it has need to be pruned of its abuses. Let us have it natural, moderate in duration, in a pure atmosphere, skilful and decorous rather than busy, and temperate—then the majority may derive therefrom enjoyment and profit.

PRESENTATION TO THE LIBRARY OF THE OPHTHALMOLOGICAL SOCIETY.

THROUGH the liberality of Mr. Swanzy, of Dublin, the Ophthalmological Society has become possessed of a most rare and curious book, which is probably the oldest genuine treatise on Diseases of the Eye in existence—namely, "Augendienst," by George Bartisch, printed in 1583. The title-page, as is usual in books of this period, is exceedingly elaborate. The volume forms an imposing folio of 546 pages, exclusive of a lengthy preface, and is in excellent preservation. Theology and medicine are somewhat intimately mingled throughout, and prayers for the recovery of sight are given. There is a good account of the anatomy of the eyes, as far as it was known; and the connexion of the brain with the eyes is illustrated by a series of superposed removable plates. The treatment of squint appears to consist in making the patient wear a mask, with apertures for the eyes directed forwards and outwards. The chapter on cataract is very full. Stress is laid on the importance of distinguishing between cases that would be likely to be benefited by operation and others, and full direction for couching are given. The needle used has a very thick handle, rather elaborately carved, and the needle tapers in its whole length to a point. Of course, much importance is attached to general treatment, and to eye lotions which contain a large number of ingredients, one—for the cure of too wide a palpebral fissure—containing no fewer than sixteen. The Ophthalmological Society owes a lasting debt to Mr. Swanzy for this most valuable addition to their library.

SACCHARIN.

THE future position of saccharin continues to afford matter for debate. A Belgian committee has reported favourably upon its innocuous properties, while in a recent leading article in *The Times* its great claim to sweetness was spoken of somewhat doubtfully, the writer much preferring the taste of sugar. Meanwhile Professor Attfield, one of the editors of the last edition of the British Pharmacopœia, has been busily estimating the place of saccharin in pharmacy, and he has published some thirty Galenical formulæ in which saccharin replaces sugar, either without altering the strength of the preparation in any way, or else so modifying it that the saccharinated compound may be termed "concentrated." In the former case, the place of syrup is taken by powdered tragacanth, or,

in special instances, by gluten. Professor Attfield regards the advantages of saccharin as fourfold. It enables many medicinal confections, powders, and lozenges to be given in comparatively small bulk. It is able by the intensity of its sweetness to mask the nauseous taste of many drugs. It is not liable to ferment, and hence will yield permanent preparations in place of those made with sugar, which would frequently spoil, especially if submitted to high temperature in transport. Lastly, the advantage of being "sweet, but not harmfully sweet," is once more urged. The slight solubility of saccharin has so often been remarked upon that good service is rendered by the description of a form of "soluble saccharin" and by the formula for a simple solution of saccharin of the same degree of sweetness as the syrupus of the British Pharmacopœia. The nomenclature adopted for the various formulæ is admittedly open to serious objection, owing to the confusion likely to arise between *saccharinum* and *saccharum*. This source of error appears now almost unavoidable; it is too late to discuss the appropriateness of *glukusin* or of *neo-saccharin* when the term by which this substance was first introduced has passed into common use.

SANITARY WORK IN DUNDEE.

THE unwholesome condition of certain houses in Dundee has been matter of public discussion in the local press, and is evidently receiving the attention of the sanitary authority. The sanitary inspector has been instructed to collect and tabulate details regarding all the insanitary dwellings in the city, and to submit these to a future meeting. The committee will then have before them full information of the circumstances needing their interference, and it may be hoped that they will not hesitate to exercise all the powers necessary for their improvement. That they are interesting themselves in the matter is evident from the fact that they have visited several tenements in Tindal's Wynd, to which the *Dundee Advertiser* recently directed attention. The Sanitary Committee are desirous that the Board of Supervision should obtain an order from the Privy Council enabling them to put in force "the provisions of the Quarantine Act applicable to small-pox, and also to enforce the vaccination or revaccination of all persons on board small-pox infected vessels." This demand appears to have arisen from the mere fact of certain vessels arriving in the port infected with small-pox. We need not say there is not the least likelihood that any Order in Council will be issued. The sanitary authority have ample powers to deal with small-pox under existing Acts; if Dundee inhabitants are susceptible to small-pox they will find their remedy in vaccination, and no doubt the authority will, by inspection of the vessels, by isolation of the sick, and by disinfection, limit the risk to which they are exposed.

THE LONDON DUST YARDS.

IT is some satisfaction to observe that the condition of the dust yards in London is once more brought to the front. On September 1st, 1883, we published a special report describing at length the principal dust yards of the metropolis. We complained of their proximity to either dwelling-houses or the filtering tanks of one of our main water-supplying companies, adding some account of the work done in the yards. This showed how the dust was shaken about and blown over the walls and on to the surrounding houses, &c. We gave also a picture of the unfortunate women employed to sift the household refuse and divide it into three categories: the "ash," consisting of small cinders and dust, which is sold to the brickmakers to mix with and stiffen their clay; the larger pieces of cinder called "breeze," which can be used as fuel; and the "hard core"—that is, the broken crockery, tins, and other incombustible, hard substances, which are often employed for road building. Then there remains only the obnoxious "soft core," decomposing vegetable and animal matter, which is mixed with road sweepings to make manure. It has been urged that the whole of this dust-yard business should be abolished, and the refuse all destroyed in a furnace. Certainly from a sanitary point of view this is the most satisfactory method, and it has been adopted by several local authorities. In the meanwhile, in those dust yards that still exist women continue to be employed to do the dirty work, and this at a starvation rate of wages. Further, it is now alleged that the sweating system has been introduced in at least one important dust yard. In the year 1883 we protested against this combination of insufficient pay and unwholesome work. At that time in one dust yard we described the men and women who were squatting down amid piles of filth, eating their dinners with unwashed hands. At another time we came across "batches of women in clusters of ten and twenty, perched here and there, sifting and sorting this rubbish, their faces begrimed with dust, their arms bare, their clothes in rags." Now and then a woman, more careful than the rest, might twist a rag round her head to keep the dust out of her hair. The press at that time took up the question we had raised, and there was a good deal said about reforms in the dust yard. Comparatively little, however, has been done, and we are glad to see that the subject has come forward again.

LIVERPOOL ROYAL INFIRMARY.

MR. EDWARD R. BICKERSTETH lately informed the committee of the Liverpool Royal Infirmary of his intention to resign the office of surgeon, which he has held for thirty-two years. At the request of the committee, Mr. Bickersteth consented to fulfil the duties until the annual meeting, which was held on Thursday last. With the exception of the three years 1853 to 1856, the office of surgeon has been held by the late Mr. Robert Bickersteth and his son (who now resigns) from the year 1811 till the present date, a period of seventy-five years. These appointments were formerly supposed to be for life; but in 1853, when the late Mr. Bickersteth had held office for a period of forty-two years, the trustees resolved at the annual meeting in that year that no physician or surgeon should be eligible for re-election after having completed twenty-one years of office from the date of his election. Shortly after this meeting Mr. Bickersteth resigned, and the late Messrs. J. P. Halton and John Cooper, who had each held office about twenty-seven years, also resigned, the surgical staff being entirely renovated in 1856 by the election of the late Mr. Henry Stubbs in 1853, Mr. James Long and Mr. E. R. Bickersteth in 1856. Mr. Long resigned in 1867, Mr. Stubbs in 1877, these vacancies being now occupied by Mr. Reginald Harrison and Mr. Mitchell Banks. In 1875 the rule as to tenure of office was amended as follows: "Provided always that no physician or surgeon heretofore appointed or hereafter to be appointed to office in any part of this institution who shall have completed the sixtieth year of his age shall be re-eligible at the annual meeting the next ensuing." Under this Mr. Bickersteth has been enabled to hold office for eleven additional years, and he has now held office, as previously stated, for the long term of thirty-two years. The son of a surgeon of considerable local eminence, he had the advantage of studying medicine and surgery in the schools of Liverpool, St. Bartholomew's, and Edinburgh, at which latter he held the office of house surgeon to the late Mr. Syme. He was elected surgeon to the Liverpool Royal Infirmary at the early age of twenty-eight, and at the death of his father in the following year he succeeded to his practice. He has also held the office of medical examiner to several important life assurance offices, and has for many years

had a large private practice. Mr. Bickersteth having been elected consulting surgeon, Mr. Reginald Harrison now becomes senior surgeon, and it is expected that Mr. Rushton Parker, Professor of Surgery in the Liverpool University College, will succeed to the vacancy. The trustees of this infirmary have reason to congratulate themselves upon their surgical staff, Mr. Harrison being on the Council of the College of Surgeons, and Mr. Mitchell Banks the representative on the General Medical Council of the Victoria University, while both enjoy high reputation as surgeons.

TEACHING ON ALCOHOLISM IN SCHOOLS.

AN effort of an important character is announced by the Committee of the United Kingdom Band of Hope Union, It is proposed to impart sound instruction in an interesting form on the physical dangers attending the use of stimulants to the children attending public elementary and other schools. The expenses of the plan have been met by the generosity of friends of the Union, who have given or promised the sum of £10,000. The Union hopes to be able in a few weeks to commence work with duly qualified lecturers. The educational character of the work will be of special value in schools in which physiology and chemistry are extra subjects. The lectures will be pleasantly and attractively given, and well illustrated by diagrams or suitable chemical experiments, whilst small rewards will be given for the best reports written by the children. We wish the effort every success. Much will depend on the teachers chosen, and we should advise the promoters of this measure to select the most able teachers they can find. There is no doubt that the best hope of greater temperance in this country is in the encouragement of abstinence in the young, who do not need stimulants and are much better without them. The Lord Mayor did a good thing on Wednesday in giving his authority and the prestige of the Mansion House to the furtherance of the young abstainers' Union. His reference to colonial drinking and the encouragement of it among the natives will do good. It is lamentable that in the colonies there is more drinking than at home. The next thing we shall hear of is a teetotal dinner at the Mansion House. The colonies will thereafter begin to think there must be something in it.

BOYISH APPETITE.

THE relation between appetite and digestion is in general a fairly definite one. At the same time it must be allowed that this rule is largely modified by exceptions. Many persons are subject to morbid cravings to eat which food cannot satisfy; and most of us know something of the appetite of idleness, of habit, or of nervous disturbance—the latter bearing a suggestive likeness to the desire for stimulants or the fragrant weed, taken to relieve mental depression. Apart from such considerations, however, there are obvious variations in the degree of normal appetite in different individuals and at different periods of life. The man of sedentary habits cannot expect to compete with one who spends a life of movement out of doors. The man and the woman differ, so do the younger and the elder, and in a notable degree the boy and the man. The vigorous appetite of boyhood is virtually a synonym of health. A rate of daily consumption which would in most men be gluttony is in young growing lads almost too common to attract notice. The explanation is not difficult when we take into account two chief conditions of existence at this age—the growth going on in every organ and tissue, and a very liberal allowance of active bodily exertion. Under the circumstances a sparing rule of diet would be unnatural and injurious. There is, of course, a limit even in childhood which it is trite to say is often and wrongly exceeded. There is no age, however, at which this form of excess is so pardonable. Whatever the surplus of food taken, most of the self-indulgent youngsters have been provided by nature with a power of disposal which may largely be relied upon to correct its consequences. Measures of restriction are most wise when they are used to regulate rather the wholesomeness of food and the times of eating than the absolute quantity consumed. It is at a later stage that we may require to apply strictly the familiar rule that one should eat to live and not live to eat. A degree of apparent Philistinism in the matter of wholesome food and drink is in the young both usual and judicious.

ALBUMINURIA AND YELLOW FEVER.

DR. EMILIO MARTINEZ, writing in the *Revista de Ciencias Medicas*, of Havana, on albuminuria in yellow fever, gives it as the result of his experience that the usual recommendation to judge of the gravity of the disease by the amount of albuminuria is untrustworthy, as he has met with cases, of one of which he gives details, where the amount of albuminuria was very considerable, even though the disease ran an exceptionally mild course. In the case in question it appeared as if the poison confined its virulence almost entirely to the kidneys, the liver and other organs being but very slightly affected. A much more important point than the amount of albumen is, in Dr. Martinez's opinion, the amount of urea excreted per diem. This forms a guide to the activity of the oxygenating processes which are going on in the body. If these latter are retarded by the disease the amount of urea is very sensibly diminished. Its quantity thus stands in an inverse ratio to the gravity of the disease, and in this way forms a fairly reliable guide in prognosis.

MEDICAL CHARITIES.

THE Charity Organisation Society is an institution which, in spite of a vast amount of prejudice and interested opposition, has by patient continuance in well-doing conquered for itself a place in public estimation which has made it an engine of great power for shaping and directing public opinion. It is therefore with satisfaction that we observe that a prominent position was given in the proceedings of its annual meeting, which has just been held, to the discussion of the important question of an investigation into the medical and surgical charities of London. Speaking to this point, Mr. Timothy Holmes remarked that "this proposed inquiry is viewed with ignorant prejudice by the older great medical charities, which he believed would be vastly benefited, whereas there was an intelligible objection on the part of other so-called medical charities to inquiry, which he could well understand." It is no doubt easy to understand the objection which may be felt by the managers of even the best administered hospital to an inquiry of unlimited and indefinite scope. There are so many crotchets which are sure to be trotted out on any such occasion, from anti-vivisection on the one hand, to vegetarianism on the other, that unless careful precautions were taken to exclude irrelevancies and "clôture" crotcheteers it might well be expected that more harm than good would result. While therefore we should hesitate to adopt language quite so forcible as that which Mr. Timothy Holmes employed, under the influence perhaps of a sympathetic audience, we nevertheless strongly feel the force of his remark that the great medical charities have much to gain from inquiry. An inquiry which would serve to make the magnitude and character of their work apparent, as it cannot be rendered by mere *ex parte* statements, would apply a much needed stimulus to public interest; while, on the other hand, it would clear them of the suspicion which, there is only too much ground to fear, some unguarded criticisms have

recently awakened. Only less valuable in the interest of true charity would be the authoritative, impartial, and ruthless exposure of any abuses which might be proved to exist; for the waste of charitable funds by mismanagement is in kind, if not in extent, a worse hindrance to the work of charity than even the stoppage of their supplies by reason of public apathy.

THE HOWARD ASSOCIATION.

IT is not often that the meagreness of an annual report is of happy augury for the objects which the society issuing it has in view. This, however, is the case with the Howard Association. Primarily interested in questions of prison discipline and management, its members have the singular satisfaction of seeing their work so far successful that their annual reports begin to run short of matter, and are gradually assuming the form and function of a publisher's catalogue. This is conspicuously the case with the report just issued, which is chiefly devoted to a setting forth the claims to attention of two new books, "Social Wreckage" and "Penological and Preventive Principles," in the publication of which the Society is largely interested. This condition of things is, as we say, exceedingly unusual, and it is one on which both the public and the Society may be heartily congratulated. Moreover, there are facts upon which we have already commented, which have recently transpired, that justify a very sanguine view at the present time of the state of public morality, as indicated by the diminishing numbers of criminals, and of the efficiency of prison discipline and management, as pointed out in the latest Commissioners' reports. But, while these things are so, and we rejoice to think and to record that fact, we nevertheless have a suspicion that the time has not yet come for an institution like the Howard Association to drop out of notice and cease from activity. Something has been done, and that is much; but something remains to be done, and that is more. Our penal system has its faults, and grave ones; it has its weak points, and they are serious defects. In spite of all that has been accomplished hitherto, it is not open, as we fear, even to doubt that much corruption of the newer convicts still results from association in prison with more degraded and hardened offenders, and that much fostering of hypocritical acumen and forms of servility takes place under the existing *régime*. These are questions which demand the most serious attention of all who are interested in the remedial or repressive treatment of crime, and for their practical solution they demand not only a sagacity fitted by long and intimate familiarity with the problem, but also an enthusiasm like that of the great philanthropist whose name the Association bears, to compel the world to heed the discovery when made, and adopt the measures which a wise discernment will prescribe.

THE PROTECTION OF LEAD-WORKERS.

STATEMENTS were made a few days ago in an evening paper which, if substantial, prove that in the case of at least one white-lead factory in London the precautions taken to prevent poisoning of the *employés* are not very efficient. Whether the accusation in this case be true or not, it is well that the risks run by the workers in such trades should be kept prominently in view. The prevention of dust, the protection of the mouth by respirators, and the practice of absolute cleanliness on the part of the workers are the leading features of the measures to be taken. It is not difficult to understand how, whether from lack of proper supervision or from carelessness on the part of the workers themselves, such protective measures may often be rendered nugatory. It is probably true that the worst cases of lead poisoning are to be found amongst white-lead operatives, and it is also true that plumbism exists in far greater amount than, with a proper knowledge of the risks run and of the way to avoid them, ought to be possible. We would suggest, as worthy the attention of the new County Council, a thorough inquiry into the trade diseases of the metropolis, and the manner in which their prevalence can best be abated.

LECTURES AT THE COLLEGE OF SURGEONS.

THE following are the arrangements for the lectures to be delivered in the theatre of the College at 5 P.M. during the present year:—Professor John Bland Sutton, F.R.C.S.: three lectures on Evolution in Pathology, Monday, Wednesday, and Friday, Feb. 18th, 20th, 22nd. Mr. C. A. Ballance, F.R.C.S.: three lectures on the Pathology of Hæmorrhage after Ligation in Continuity, Feb. 25th, 27th, and March 1st. Professor M. P. M. Collier, F.R.C.S.: three lectures on the Physiology of the Vascular System, March 4th, 6th, and 8th. Mr. Priestley Smith, M.R.C.S.: three lectures on the Pathology of Glaucoma, March 11th, 13th, and 15th. Professor Charles Stewart, M.R.C.S.: six lectures on the Integumentary System in Plants and Animals, March 18th, 20th, 22nd, 25th, 27th, and 29th. Professor C. B. Lockwood, F.R.C.S.: three lectures on the Morbid Anatomy and Pathology of Hernia, in May; dates will be announced. Professor A. E. Barker, F.R.C.S.: three lectures on Intra-cranial Inflammations starting in the Temporal Bone, in June. Professor F. Howard Marsh, F.R.C.S.: three lectures on Tuberculosis in some of its Surgical Aspects, in June. Professor Matthew Berkeley Hill, F.R.C.S.: three lectures on some Affections of the Genito-urinary System, in June. Dr. William Hunter, M.R.C.S. (Arris and Gale Lecturer), in June; dates and subject will be announced.

THE ETIOLOGY OF YELLOW FEVER.

DR. STERNBERG, who is well known both in the United States and in other countries for his researches in micro-pathology, has submitted a preliminary report on the results of his investigations for the United States Government into the etiology of yellow fever. He enters into details as to certain micro-organisms found in the tissues and fluids of the bodies of the sick and dead, and he has evidently sought to isolate by cultivation and otherwise any organism that could, with any degree of probability, be regarded as specific. But the result of his labours leaves him of much the same opinion as when he reported on the 1879 Commission to Havana; for his continued investigations in Brazil, in Mexico in 1887, and again in Havana in 1888, compel him to the conclusion that "The specific infectious agent in yellow fever has not yet been demonstrated."

PASTEUR INSTITUTES IN ITALY.

THE chief Italian cities are provided with "stazioni antirabbiche," or stations where those who are bitten by dogs suspected to be mad may be promptly treated according to the rules laid down by M. Pasteur. Rome, however, is still without an institution of the kind—thanks, it is said, to the not very favourable opinion expressed by some of her most influential physicians as to the efficacy of the Pasteur method. Those of her citizens who have received suspicious bites have, therefore, to go as far afield as Naples for the treatment in question. As this is felt to be a hardship, the communal authorities have just been memorialised with a view to establishing a "stazione antirabbica" for the city and campagna. Small hopes, however, are entertained of the success of the memorial, unless the Medical Academy and the Hygienic Institute give to the Pasteur method the adhesion they have hitherto withheld.

THE CASE OF ALLBUTT v. THE MEDICAL COUNCIL.

THE action of Mr. Henry Arthur Allbutt, reported in another column, against the General Council of Medical Education, to obtain a writ of *mandamus* for the restoration of his name to the Medical Register, an injunction to restrain the defendants from publishing any notice of their decision to remove the plaintiff's name from the said Register, damages for such removal, and damages for libel, is of much consequence both to himself and the medical profession. We need not here revive in detail the facts of Mr. Allbutt's case, into which the Medical Council went very fully, and gave Mr. Allbutt, through his counsel, a prolonged and careful hearing. After doing so, they came to the conclusion that "the offence was infamous in a professional respect," and ordered his name to be removed. The importance of the action is in its having elicited the clear and explicit judgment of Mr. Baron Pollock that the Council had properly exercised its jurisdiction, that its minutes are privileged, and that it is a body constituted by statute and charged with duties, one of those duties being to inquire, and to act upon the result of its inquiries. It followed, therefore, that it was entitled to publish its proceedings. It would be a monstrous thing if the Council were required to make inquiries into the conduct of medical men, leading sometimes to removal from the Register, and then were prevented from publishing its decisions or its minutes. When a body is endowed with judicial functions, it ought to be required that it shall act as publicly as possible, and shall, at any rate, put on record its decisions. The Medical Council will feel strengthened by this judgment. It has not been quick to use its penal powers, and it will not be unduly stimulated to do so in the future. But it will now feel assured that when it acts with deliberation and after due inquiry, and comes to a decision, that decision is final. This power is not more than that conceded to similar bodies in other professions. It is vitally important for the public welfare and for the maintenance of the high character of the medical profession that it should be exercised, and that, when exercised, it should not be subject to question. Men who are likely to suffer from the possession of such a power should take notice of its existence, and not subject themselves to the risk of calling it into exercise.

THE LECTURES AT THE COLLEGE OF PHYSICIANS.

THE annual series of lectures at the Royal College of Physicians will be delivered as follows: The Milroy Lectures, by Dr. Arlidge, will be given on March 12th, 14th, 19th, and 21st, the subject being "Occupations and Trades in relation to Public Health." The Gulstonian, by Dr. Tooth, on March 26th and 28th and April 2nd; subject, "Secondary Degenerations of the Spinal Cord." The Lumleian, by Dr. John Harley, on April 4th, 9th, and 11th; subject, "Enteric Fever."

A BULLET IN THE CHEST FOR THIRTEEN YEARS.

DR. C. R. MACDONALD recently removed a rifle bullet from a man which had been in the chest for thirteen years. The case is chiefly remarkable from the fact that the bullet had remained in the pleural cavity for so long a time without setting up pleurisy. It entered the back of the shoulder immediately below the spine of the scapula, and probably entered the pleural cavity by penetrating the intercostal muscles. The operation was performed with antiseptic precautions, and the wound soon healed. A splinter had been removed from the wound of entrance some months after the accident, which occurred to the man whilst marking at a rifle range in Beith. The bullet had gravitated to the lower part of the chest.

THE DEATH OF THE AUSTRIAN CROWN PRINCE.

THE news of the sudden death of Prince Rudolph came as a shock not only to Europe but to the civilised world. Various versions are current as to the cause of his death, but at present the real cause of the fatal event is not publicly known. It would, however, be well if, in order to allay popular anxiety, the most thorough and searching inquiry were made, and an authoritative statement published as to the circumstances surrounding this sad calamity. Meanwhile, all will unite in offering the members of the Imperial Family sympathy in their bereavement.

THE AITKEN MEMORIAL.

WE are asked to intimate to the subscribers to Professor Sir William Aitken's portrait, by Symonds, that it will be presented for suspension in the great mess-room at Netley on February 4th, at 1 P.M., being the closing day of the winter term. As the portrait was in the Royal Academy at the end of the summer term of 1888, it was necessary to postpone the ceremony until the date mentioned above.

FOREIGN UNIVERSITY INTELLIGENCE.

Algiers.—The preparatory School of Medicine has now been raised to the rank of a school *de plein exercice*.

Bahia.—Senhor A. C. de Carvalho has been appointed to the Professorship of Medicine.

Groningen.—Dr. Schutter has qualified as *privat-docent* in Laryngology and Rhinology.

Lund.—Dr. Fürst has been appointed Extraordinary Professor of Anatomy and Histology.

Naples.—Dr. F. Massei has been appointed Professor Extraordinary of Clinical Surgery.

Parma.—Dr. D. Vigezzi has been appointed Professor Extraordinary of Clinical Surgery.

Prague.—Dr. Rex has qualified as *privat-docent* in Anatomy.

Rome.—Dr. Rassoni has been appointed Professor Extraordinary of Clinical Medicine.

Vienna.—Professor Krafft-Ebing, of Gratz, has been nominated as successor to Professor Leidersdorf in the chair of Anatomy. This will raise the number of Professors belonging to the German empire in Vienna to five.

DEATHS OF EMINENT FOREIGN MEDICAL MEN.

THE deaths of the following eminent foreign medical men are announced:—Dr. Hermann von Meyer, Professor of Anatomy in Zurich, at the age of seventy-four.—Dr. Worm-Müller, Professor of Medicine and head of the Physiological Institute in Christiania.—Professor Werner Nasse, Director of the Provincial Lunatic Asylum, Bonn.—Dr. Julius Martius, of Berlin, in his eighty-fifth year.

WITH a view to promote social intercourse and maintain good fellowship between British and American physicians who practise on the Continent, it is proposed to form a Society under the title of the British and American Continental Medical Society. The membership is to be limited to British and American subjects who are actually engaged in the practice of medicine abroad.

THE LANCET RELIEF FUND,

FOR MEMBERS OF THE MEDICAL PROFESSION AND THEIR WIDOWS AND ORPHANS WHEN IN DISTRESS.

THIS week we have the great satisfaction to announce that, the preliminaries having been fully arranged, and various little matters of detail dealt with, THE LANCET Fund for Members of the Medical Profession and their Widows and Orphans when in Distress has been definitely set on foot. The sum of £300 has been paid to the bankers to the account of THE LANCET Relief Fund, and the almoners are prepared to enter at once on the duty of administration. In each copy of the present issue of our journal is inserted a form of application to be used in cases on behalf of which the aid of the Fund may be sought, and will thus be in the hands of seventeen or eighteen thousand of the medical profession in a few hours. It is not necessary to recapitulate the reasons which induced the proprietors of THE LANCET to originate and provide the Fund. These will be found to be fully set forth in our impression of Jan. 6th. The need for such a resource in our over-stocked profession is unfortunately made only too apparent by the appeals which we are constantly being called upon to publish, to say nothing of the many distressing cases which do not come before the public eye. It will be to us a source of heartfelt gratification to be able, by means of this Fund, to assist in alleviating, in some slight measure, the pressure of adverse circumstances into which some of the less fortunate of our professional brethren have been thrown, and, as we said before, to express in this way our sense of the support, during a period approaching three-quarters of a century, that has secured for THE LANCET, as the organ of the entire profession, the leading position in the medical press.

We reproduce a statement of the scope of the Fund, and an amended list of the regulations by which its operations will be governed.

The Administration of the Fund.

1. The object of this Fund is to afford immediate pecuniary relief in sudden emergencies to medical men, or, in case of the death of a medical man, to his widow and orphans or dependent relatives.

2. Assistance from the Fund may be bestowed in the form of gifts of money or necessaries, or of loans, free of interest, at the discretion of the almoners. In the case of loans, it shall be permissible, but not obligatory, for the almoners to take security for the due repayment of advances made.

3. The recipients shall be such persons as satisfy the donors that they possess one or other of the following qualifications—that is to say: (*a*) That they hold a registrable medical qualification, and that they have fallen into pressing need of immediate pecuniary relief; or (*b*) that they are persons who have been previously to the date of application made legitimately dependent upon some person holding a registrable medical qualification, and that they have pressing need of immediate pecuniary relief.

4. On being satisfied as aforesaid, the almoners shall in their absolute discretion make such loan or gift as they may think proper out of the funds at their disposal, or decline to make any at all.

5. Applications shall be made in such form and manner as the almoners may from time to time determine.

6. The almoners of the Fund shall be the President for the time being of the Royal College of Physicians, the President for the time being of the Royal College of Surgeons, the President for the time being of the General Medical Council), (subject to the consent of the Council), Thomas Wakley, F.R.C.S., and Thomas Wakley, jun., L.R.C.P. (the latter to be honorary secretary). Sir Henry Pitman, M.D. Camb., F.R.C.P., will act as hon. auditor.

7. These regulations may at any time be modified at the will and by the mutual agreement of the almoners.

Pharmacology and Therapeutics.

PHARMACOLOGICAL RESEARCH.

AT the end of a year of work, Mr. Schacht, one of the Research Committee appointed by the Council of the Pharmaceutical Society of Great Britain, has given an account of the investigations carried out in the Research Laboratory, which was founded for the advancement of pharmacology. For the encouragement of fresh workers the regulations connected with the laboratory are given in detail, and they evidence a spirit of liberality which will meet with ready recognition. The record of work hitherto accomplished shows how much the facilities afforded are already appreciated. With the exception of an important paper upon tartar emetic, all the researches have been directed to the elucidation of facts connected with the various nitrites, such as the preparation of pure ethyl nitrite, the chemistry and pharmacology of the nitrites of the paraffin series, the comparative effects of "spirits of nitrous ether" and solution of ethyl nitrite, the effect of iso-amyl nitrite, and the physiological action of the nitrites of iso-butyl and amyl. Among those engaged in these investigations may be mentioned Dr. Lauder Brunton, Professor Cash, M.D., Professor Dunstan, Professor Leech, and Mr. T. S. Dymond. Judging by the above results, there can be little doubt that the Pharmaceutical Society will feel encouraged to place upon a permanent basis what they at present regard only in the light of an experiment. The stringent regulation against the prosecution of any inquiry having a direct commercial object would probably afford sufficient guarantee of the scientific interest prompting the workers, even if such guarantee were not rendered unnecessary by the names of those we have above enumerated.

NITRITE OF ETHYL AND SPIRIT OF NITRE.

Dr. Leech has contributed an interesting article to the *Pharmaceutical Journal* on the comparative effects of spiritus ætheris nitrosi and solution of nitrite of ethyl. Pharmacological considerations certainly render the practical identity of the two solutions very probable. Aldehyde, alcohol, and nitrite of ethyl are the principal substances present in sweet spirit of nitre. Paraldehyde is not present in sufficient quantity to exert any perceptible physiological effects. Spirit of nitre has long been a popular remedy for causing an increase in the flow of urine and perspiration, but chiefly in those ailments in which such an increase occurs naturally at a certain stage. As diaphoretics the solution of ethyl is as efficient as the spirit of nitre. The diuretic effect of both preparations does not appear to be high. In cases of difficulty of breathing due to constriction of the bronchial tubes, and in cases of contraction of the muscular arterioles, the spirit and the solution were found to be of great and equal value; they tend to prevent the onset of the anginal attack, and, by dilating the arterioles, they relieve an overloaded heart. Dr. Leech thinks that the popularity of spirit of nitre as a medicine depends largely on this last effect. Even a very small dose of nitrite of ethyl will thus remove discomfort. In spasmodic asthma the presence of nitrite of ethyl in the sweet spirit of nitre is absolutely necessary if any good effect is to result. We are disposed to agree with the author in thinking that the introduction of a fairly stable solution of ethyl nitrite is now called for. Whether the time-honoured spiritus ætheris nitrosi will disappear from the list of official remedies is perhaps doubtful; but for the rational advance of scientific therapeutics there can be no question that its disappearance is desirable.

ALCOHOL IN ERYSIPELAS.

Dr. Henrique de Sá, of Rio de Janeiro, speaks (*Bollet.*, Rio, October, 1888) very strongly of the advantage of giving alcohol in cases of erysipelas occurring in very young infants. He prescribes a mixture of some simple syrup and

water, with 8 per cent. of brandy, of which a teaspoonful is given every half hour. In addition to this, he applies an ointment of boracic acid and vaseline over the affected surface. He gives the details of the case of a child six days old, who was suffering from erysipelas extending over a large part of the abdomen. As the temperature was high and the condition alarming, the above mixture was prescribed, and later on a stronger solution was substituted, containing 16 per cent. of brandy with tincture of valerian. The child ultimately recovered, and Dr. Henrique de Sá attributes this result mainly to the brandy. It is somewhat doubtful whether this conclusion is justifiable in this case. The child was taken from exceedingly bad hygienic conditions, and treated in a well-appointed hospital; hence the change in the surroundings may have had more to do with the cure than the brandy prescribed.

PODOPHYLLUM ERNODI.

The account of the above drug recently published (*Pharmaceutical Journal*, No. 970, 1889) renders it probable that it will shortly be relied upon as a source of podophyllin in place of podophyllum peltatum. This species is Himalayan, and is said to be very abundant in Kunawin and Cashmere, The rhizome resembles that of the May apple in appearance, but it yields from 10 to 12 per cent. of resinous residue, while the American drug yields from 3½ to 5 per cent. So far as experiments have been at present conducted, the physiological action appears to be identical. Half a grain of the resin, mixed with a little sugar produced unmistakable cathartic effects with some griping sensations in the course of a few hours.

A NEW SOURCE OF DIGITALIS.

The variety of digitalis ordered to be used in the Austrian Pharmacopœia is D. purpurea. A wild form, D. ambigua, is found in some parts of Austria and Hungary, the leaves of which have recently been examined by Dr. Paschkis in order to determine whether they might be utilised in lieu of the official plant, which is purely a cultivated variety. So far his experiments appear to show that there is no practical difference, chemical or physiological, between the two. If these observations be confirmed, a new and valuable source will have been added to the, at present, somewhat restricted supply of digitalis.

THE ALKALOID OF GORSE.

Gorse, or Ulex Europœa, has been found (says the *Monthly Journal of Pharmacy*) to contain an alkaloid ulexine of a most powerful character. It appears to arrest all voluntary movements and reflexes by paralysing the motor tract of the spinal cord and the trunks of the motor nerves. The heart muscle is paralysed, though just at first there is a rise of arterial pressure. The diuretic action is as well marked as that of caffeine.

THE HOSPITAL SUNDAY FUND.

A MEETING of the Council of this Fund was held at the Mansion House on the 25th ult., the Lord Mayor occupying the chair. There were about twenty gentlemen present.

The General Purposes and the Distribution Committees having been reappointed and the officers having been re-elected, the secretary, Mr. H. N. CUSTANCE, read to the meeting a letter from the Rev. Prebendary Richards. It was to the effect that he thought the Council would do wisely to substitute for the Sunday offertory a house-to-house collection. Where such a system had been adopted on a small scale, he had always found the proceeds were at least ten times as much as those of an offertory. His object, he said, was to get hold of those people who, owing to their not attending church, were passed over altogether.

The Rev. R. BRISTOW proposed that the letter should be referred to the General Purposes Committee.

Dr. GLOVER thought it might be as well to refer it to the sub-committees that were to be formed for the purpose of organising subscriptions amongst the bankers, stock-brokers, and others.

Sir SYDNEY WATERLOW thought there was a principle involved in the proposal. It might be easy to make a house-to-house collection in a small country town, but he considered they ought to hesitate before they affirmed the principle in reference to an enormous city like London. His own impression was that it would be found to be impracticable. He feared it was a matter they could not undertake. If the Council were of the same opinion, what would be the use of referring the matter to the General Purposes Committee? If the Council wished for time to consider it, it might easily be adjourned until the next meeting.

The Rev. R. J. SIMPSON said that if the suggestion was carried out it would entirely destroy the free-will offering.

Mr. R. B. MARTIN suggested that the matter concerned each individual clergyman rather than the Council. In certain parishes, notably that of the Rev. Canon Fleming, the proposal had been adopted with great success.

Dr. GLOVER remarked that the fact that they had appointed sub-committees to canvass certain classes of gentlemen was practically an admission of the principle advocated by the Prebendary. He thought it would be well to refer the matter to one of the committees in order that it might receive careful consideration. He had pleasure in seconding the proposal of Mr. Bristow.

The Rev. M. WALROND supported the motion on the ground that it would be a pity to entirely dismiss the proposal without giving it any consideration. What they wanted was to devise a means of spoiling the "Egyptians," whom the Fund at present did not reach.

The LORD MAYOR said that no doubt the suggestion opened up a wide field. If it was thought by the Council that it would be better to refer the proposition to the General Purposes Committee for consideration and report, as far as he was concerned he should fall in heartily with the suggestion. The only thing he would like to impress upon the General Purposes Committee was that the proposal was the establishment of a new departure. He thought the committee should look ahead somewhat, so as to see to what result the proposal was likely to lead.

Further discussion ensued, and eventually, on the proposition of Sir Sydney Waterlow, who urged the advisability of taking a middle course, it was resolved to postpone consideration of the proposal until after it had been seen what was the result of the appeal to the bankers, stock-brokers, and others.

Sir SYDNEY WATERLOW next asked the Council to sanction the payment to the North-Western Hospital for Consumption of a sum over and above what the Distribution Committee had awarded it. It appeared from Sir Sydney's remarks that the committee, when considering the awards, were of opinion that the expenses of management of the hospital were somewhat heavy. Before deciding to reduce the amount of the award, they wrote to the hospital authorities, asking them, if they had anything to say relative to the matter, to call to see them. No answer was received to the letter, and the Distribution Committee therefore made the reduction. Since then the authorities had written, stating that they had not received the letter, and that they were fully prepared to explain the matter complained of. The committee had an interview with the authorities, and he was bound to say that the explanations were satisfactory. Under these circumstances, therefore, the committee had decided to ask the Council to sanction the payment to the hospital authorities of the difference between what was awarded and what they would have received in the ordinary course of events.

In the course of the discussion that ensued several speakers remarked on the satisfactory manner in which the hospital was conducted. Other speakers, however, objected on principle to dinners and festivities being provided out of hospital funds.

The LORD MAYOR pointed out that the amount subscribed at these dinners largely exceeded the cost of the entertainment, and therefore the hospital funds benefited thereby.

The proposal was then agreed to.

The SECRETARY informed the Council that Mr. Hankey had sent to the Fund a further donation of £500. A vote thanking him for the gift was unanimously adopted.

A vote of thanks to the Lord Mayor closed the proceedings.

PRESENTATION.—The ladies of the first aid and nursing classes, held in Leominster in connexion with the St. John Ambulance Association, presented the lecturer, Mr. Howard D. Buss, with a very handsome carriage clock, as a mark of their appreciation of the way in which he conducted the classes.

THE LONDON HOSPITALS.

A MEETING, at which about 250 of the general public were present, was held in the Egyptian Hall of the Mansion House on Tuesday afternoon, the Lord Mayor presiding, to hear an address from Mr. A. C. P. Coote, M.A., in explanation of a scheme to collect 500,000 pence weekly (£100,000 per annum), and thus remove the debt from our London hospitals. Letters regretting their unavoidable absence, and expressing sympathy with the objects of the meeting, were read from Lord Brassey, Lord Rosebery, Lord F. Hervey, Mr. Samuel Hope Morley, M.P., and others.

Mr. COOTE said the credit of suggesting the scheme was due, not to himself, but to a Scotch lady, who was present in that hall, and who had asked him why, if the plan had worked so well in Dundee and other large towns in the north, it could not be carried out in an equally successful manner in wealthy London. Mr. Coote then enumerated a number of cases where hospitals and similar institutions had wiped off their debts by means of the penny system, which, he urged, was quite feasible in London. He next gave several instances of firms employing a large number of workpeople, the heads of which had started the penny weekly collection system among the men, and found it work admirably. The men were divided into groups of twelve, each group having its secretary, who collected the pence, entering the amount on a card, and paying the whole in to the firm's account, to be properly forwarded. The speaker proposed that collecting boxes should be placed permanently in hotels, railway stations, and other public places. In conclusion, Mr. Coote said that the Hospital Saturday Fund had taken the proposal energetically in hand. The Hospital Sunday Fund, however, was debarred by its very title and organisation from taking up this question.

In the absence of Lord Brassey Sir SYDNEY WATERLOW moved the first resolution: "That the proposal to collect 500,000 pence per week (£100,000 per annum), with a view to remove the debt from our London hospitals, is one deserving of the hearty co-operation of employers of labour and others interested in the welfare of these institutions." They were not there, said Sir Sydney Waterlow, to criticise, but to act. The money was wanted to enable the beds now vacant for want of funds to be filled, and the scheme ought to be carried out. This sum (£100,000) would be required, not for one year only, but every year.

Sir S. A. BLACKWOOD (Secretary, General Post Office), seconded the motion. He thought that the present system, whereby the working classes obtained hospital relief without themselves contributing, a demoralising system. He deprecated raising funds by bazaars, balls, autograph letters from Royal dukes, &c., as an objectionable system. Mr. Coote's plan was open to no such objections. He went into figures to show that workmen spent each week on liquor two shillings, or twenty-four pence, per head. Now, he asked if they could not spare one penny of the twenty-four to support those establishments which largely exist to cure the very diseases and accidents which arise from the consumption of liquor.

Canon FLEMING, as an abstainer for twenty-two years, cordially agreed with the last speaker. He earnestly hoped that this direct contribution by the people would not be thought to entitle them to any priority of voice in the distribution of the fund, and warned them of the disastrous consequences that would follow any such arrangement. He trusted that it would be proved that the charity of the democracy would beat the charity of the aristocracy.

The resolution was then put and carried unanimously, amid applause.

A resolution was then moved by Mr. GEO. HOWELL, M.P., and after some discussion carried: "That the Council of the Hospital Saturday Fund be urged to make every possible effort, by means of collection sheets and boxes, and by such other methods as may seem desirable, to secure a satisfactory response to the above proposal."

A working man named SAINSBURY, speaking from the body of the hall, suggested that the London hospitals should be open to the working classes between six and eight in the evening.

The LORD MAYOR said that the Hospital Saturday Fund heartily endorsed Mr. Sainsbury's view. They had made representations on the subject to the various London hospitals, and twenty of them had agreed to the suggestion.

A vote of thanks to the Lord Mayor for presiding closed the proceedings.

METROPOLITAN HOSPITAL.

THE annual meeting of this institution was held on Wednesday afternoon in the committee-room of the Hospital, Kingsland-road. In addition to the report and balance-sheet, which were adopted and ordered to be printed and circulated, a resolution was proposed by the chairman, Joseph Fry, Esq., and carried, that Messrs. C. Thomas and D. Goodsall be re-elected members of the committee, and that Messrs. Thomas Biscoe and Walter Brown be elected members of the committee.

The report, which financially was of a satisfactory character, states that during 1888 there were issued in the Provident Department 3677 membership books representing about 7400 lives, and there was an attendance of 29,088 provident members as out-door patients. Since the institution in November, 1887, of the provident department there have been issued 4445 books of membership representing in round figures 9000 lives. In consequence of the decision arrived at by the committee to open the out-patient department to provident members every evening except Saturday and Sunday, and in view of the consequent increased attendance, a fourth medical officer—viz., Dr. J. W. Hunt—had been appointed as additional member of the staff. The festival dinner last year had yielded the gratifying sum of £2001 7*s.* 8*d.* During the year a grant of £208 6*s.* 8*d.* had been received from the Hospital Sunday Fund, and £42 11*s.* from the Hospital Saturday Fund. The committee convey the thanks of the governors to the medical and surgical staff who, "in addition to the unswerving skill and attention which they have always shown in the discharge of their duties, have also by their exertions materially added to the finances of the hospital." There are now 51 beds and cots available for patients in the accident wards, as against 12 in the beginning of 1888. The total receipts last year were £6329 5*s.* 1*d.*, against £2636 5*s.* 2*d.* in 1887. The deficit, which at the beginning of 1888 was £117 4*s.* 10*d.*, has been reduced to £25 17*s.* 5*d.* A vote of thanks to the chairman closed the proceedings.

THE GROSVENOR GALLERY.

IN the Grosvenor Gallery, Sir Coutts Lindsay has collected a second exhibition of a Century of British Art, of the hundred years ending with the accession of Queen Victoria. The paintings in the two large rooms form a whole worthy of the period which they represent. Some artists, now almost unknown, have been drawn from their obscurity; but the first places are still held by the great names. Their largest masterpieces, it is true, are not here this time; we have seen them perhaps in too recent years; but there is plenty of their best work. Reynolds and Gainsborough once more keep their prominence among the portrait painters, while Romney and Raeburn, Hoppner and Opie, follow in due succession. In landscape there is enough of Turner's various periods to show his greatness, and of the work of Wilson and Gainsborough to do justice to our earliest masters of the art. The Norwich School is fully represented here by Crome and Vincent, Stark and Cotman. There are several fine Constables, especially "The Lock," though it seems as if his finished work never quite fulfilled the vision of this painter's sketches, with a superb collection of which the Constable family have filled the little room. In renderings of social life, Hogarth, the first English artist, is seen to no disadvantage; but the Queen has sent two of the best pictures ever painted by Wilkie, the "Blind Man's Buff" and "The Penny Wedding." As a sequel to the contemporary pastels shown in the autumn, there is an attempt to illustrate this method by earlier examples, chiefly by Russell; but the principal result is perhaps a better understanding of the subsequent disfavour of this art in England. A word may be said of the full, clear, and concise notices of the painters which Mr. Walter Armstrong has supplied to the catalogue.

Public Health and Poor Law.

LOCAL GOVERNMENT DEPARTMENT.

REPORTS OF INSPECTORS OF THE MEDICAL DEPARTMENT OF THE LOCAL GOVERNMENT BOARD.

The Sanitary Condition of Holme Cultram.—Dr. Parsons reports that, though this district is an urban one in name, it is in reality rural in character, and has a population of one person only to the acre. It lies south of the Solway Firth, in Cumberland, has a population of 4230, and contains one fair-sized collection of people—namely, at Silloth, a seaport and watering-place of about a thousand inhabitants. Silloth itself has been laid out in wide streets, and has good sewers, these results being mainly due to the North British Railway Company, who owned the land. But there are no building bye-laws, and hence already back-to-back houses may be found; no proper supervision is exercised over the construction of house drains; and the water-supply from wells, springs, and rain tanks is unsatisfactory in point of quantity and quality. There is a large volume of underground water, but repeated analyses by different experts show that, for some reason that is not quite apparent, it is very generally polluted. Unfortunately, the procuring of an extraneous supply involves some considerable financial and other difficulties; but, as is suggested, Silloth is a watering-place, and the Local Board should have renewed their efforts in this direction under skilled engineering advice. In other parts of the district there is much defective cottage accommodation, with occasional overcrowding and nuisances due to want of drainage and other matters. Bye-laws have been made as to certain matters, but they are not duly enforced; and for a district so rural in character the death-rate must be regarded as capable of being materially lowered. The locality should be typical of health, especially in view of its scattered population and its exposure to sea-breezes, and we hope that such measures as can reasonably be adopted will be carried out to secure for the inhabitants, and for those visiting Silloth, all the advantages which the natural characteristics of the district point out as being readily attainable.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

In twenty-eight of the largest English towns 5714 births and 3775 deaths were registered during the week ending Jan. 26th. The annual rate of mortality in these towns, which had been 22·7, 25·5, and 21·9 per 1000 in the preceding three weeks, further declined last week to 20·6. During the first four weeks of the current quarter the death-rate in these towns averaged 22·7 per 1000, and was 1·4 below the mean rate in the corresponding periods of the ten years 1879-88. The lowest rates in these towns last week were 12·2 in Derby, 14·5 in Hull, 15·5 in Norwich, and 15·8 in Bradford. The rates ranged upwards in the other towns to 25·7 in Oldham, 26·9 in Manchester, 27·1 in Blackburn, and 28·0 in Preston. The deaths referred to the principal zymotic diseases, which had been 641 and 569 in the previous two weeks, further declined last week to 489; they included 217 from measles, 99 from whooping-cough, 52 from diphtheria, 50 from scarlet fever, 40 from diarrhœa and dysentery, 30 from "fever" (principally enteric), and only one from small-pox. These zymotic diseases caused the lowest death-rates in Wolverhampton and in Halifax, and the highest rates in Manchester, Oldham, Blackburn, and Salford. The greatest mortality from measles occurred in Leicester, Sheffield, Blackburn, Liverpool, Salford, Birkenhead, Bristol, and Oldham; from whooping-cough in Blackburn, Birmingham, and Preston; from scarlet fever in Blackburn; and from "fever" in Derby. The 52 deaths from diphtheria in the twenty-eight towns included 7 in Manchester, 5 in Salford, and 2 in Leicester. Small-pox caused 1 death in Bradford, but not one in London or in any of the twenty-six other great towns. Only 1 small-pox patient was under treatment during the week in the Metropolitan Asylum Hospitals, and one in the Highgate Small-pox Hospital. The number of scarlet-fever patients in the Metropolitan Asylum Hospitals and in the London Fever Hospital was 672, against numbers declining in the preceding ten weeks from 980 to 687; 61 cases were admitted to these hospitals during the week, the numbers in the previous two weeks having been 41 and 51. The deaths referred to diseases of the respiratory organs in London, which had been 652 and 492 in the preceding two weeks, further declined last week to 456, and were 125 below the corrected average. The causes of 79, or 2·1 per cent., of the deaths in the twenty-eight towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Leicester, Nottingham, Preston, and in four other smaller towns. The largest proportions of uncertified deaths were registered in Liverpool, Salford, and Halifax.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had 24·1 and 22·0 per 1000, further declined to 21·0 in the week ending Jan. 26th; this rate exceeded by 0·4 the mean rate during the week in the twenty-eight large English towns. The rates in these Scotch towns ranged from 9·5 and 15·6 in Perth and Dundee, to 25·1 in Glasgow and 27·4 in Paisley. The 537 deaths in the eight towns showed a further decline of 26 from the numbers in the previous two weeks, and included 19 which were referred to measles, 19 to whooping-cough, 8 to "fever" (principally enteric), 7 to diphtheria, 6 to diarrhœa, 4 to scarlet fever, and 2 to small-pox; in all, 65 deaths resulted from these principal zymotic diseases, against 65 and 64 in the preceding two weeks. These 65 deaths were equal to an annual rate of 2·5 per 1000, which was 0·2 below the mean rate from the same diseases in the twenty-eight English towns. The fatal cases of measles, which had been 17 and 14 in the preceding two weeks, rose last week to 19, of which 14 occurred in Glasgow, 2 in Dundee, and 2 in Greenock. The 19 deaths from whooping-cough also showed an increase upon recent weekly numbers, and included 17 in Glasgow. The deaths referred to "fever," which had been 5 and 7 in the preceding weeks, also increased to 8, of which 4 were returned in Glasgow and 2 in Edinburgh. The 7 fatal cases of diphtheria were fewer by 3 than the number in the previous week, and included 4 in Edinburgh and 2 in Greenock. The deaths attributed to diarrhœa also declined from 12 in the previous week to 6. All the 4 deaths from scarlet fever, corresponding with the number in the previous week, occurred in Glasgow. The 2 fatal cases of small-pox were returned in Dundee and Aberdeen. The deaths referred to the principal diseases of the respiratory organs, which had increased in the preceding weeks from 95 to 160, declined last week to 140, and were 11 below the number in the corresponding week of last year. The causes of 66, or more than 12 per cent., of the deaths registered during the week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been 30·2 and 31·5 per 1000 in the preceding two weeks, declined to 27·5 in the week ending Jan. 26th. During the first four weeks of the current quarter the death-rate in the city averaged 30·1 per 1000, the mean rate during the same period being 21·7 in London and 18·7 in Edinburgh. The 186 deaths in Dublin showed a decline of 27 from the number in the previous week; they included 4 which were referred to whooping-cough, 3 to scarlet fever, 2 to "fever" (typhus, enteric, or ill-defined), 1 to measles, 1 to diarrhœa, and not one either to small-pox or diphtheria. Thus the deaths from these principal zymotic diseases, which had been 12, 16, and 10 in the previous three weeks, were last week 11; they were equal to an annual rate of 1·6 per 1000, the rate from the same diseases being 2·3 in London and 1·4 in Edinburgh. The fatal cases from the several zymotic diseases scarcely differed from the numbers returned in the previous week. Nine inquest cases and 6 deaths from violence were registered; and 53, or more than a quarter, of the deaths occurred in public institutions. The causes of 26, or more than 14 per cent., of the deaths in the city were not certified.

A BOGUS DOCTOR.—Hector Mackenzie was recently charged under the Medical Act, at the Lerwick Sheriff Court, with having falsely represented himself to be a doctor. He was convicted on the evidence adduced, and sentenced to pay a fine of £15 and £5 3*s.* 6*d.* costs.

Correspondence.

"Audi alteram partem."

THE LANCET RELIEF FUND.

To the Editors of THE LANCET.

SIRS,—No members of the profession will be more ready to admire the generous proposal of THE LANCET Fund or will sympathise more heartily with its object than those who are engaged in the administration of the British Medical Benevolent Fund. The donation department of this charity has identical aims with those expressed in THE LANCET scheme, and has been up to the present the sole resource for distressed medical men and their families not of an age to be eligible for annuities. Nothing could be further from my thoughts than to check the splendid liberality of THE LANCET, and I have no desire to divert it to the Fund of which I have the honour to be treasurer; but I may point out that the existence side by side of two charities with identical objects increases the liability to abuse. We have constantly to be on our guard against the arts of persons who seek to converge upon themselves the benefits of every available benevolent institution. What I should wish to do would be to establish from the first an alliance between the two Funds, to place at the service of THE LANCET the organisation of the British Medical Benevolent Fund and the immense accumulation of information which the experience of fifty years has brought. We probably know something of every medical man and of a very large proportion of the widows and orphans of medical men in actual poverty and distress. Many of these we cannot relieve as they deserve; we should be only too glad to report such instances in THE LANCET. On the other hand, when applications pour in upon THE LANCET, as will no doubt be the case at once, we shall be happy to say who of the applicants have been relieved from the Fund and to what extent. I cannot speak for the committee, but, for my own part, I should be glad to see a representative of THE LANCET at the monthly meetings taking notes of cases which come before us for the information of the almoners.

The original scheme of the British Medical Benevolent Fund included the advancement of loans, but this has never been proved practicable. A loan to be of any use would absorb too large a proportion of the available resources, and as a matter of experience, when a grant from the Fund has been supplemented by a loan from a member of the committee, it has rarely happened, only once so far as I know, that any part of the loan has been repaid. If, as I have been given to understand since the foregoing was written, the special object of THE LANCET Fund is to deal efficiently with sudden acute non-recurring cases of distress, the two Funds will supplement each other in an admirable manner.

I am, Sirs, your obedient servant,

Seymour-street, W., Jan. 30th, 1889. W. H. BROADBENT.

THE DEBATE ON ALCOHOL AT THE PATHOLOGICAL SOCIETY.

To the Editors of THE LANCET.

SIRS,—In your leading article of Jan. 26th on the "alcohol" debate at the Pathological Society, you mention my brief remark upon the check which the free use of alcoholic liquors appears to exercise on the development of malignant disease. It may interest your readers to see the evidence furnished by the Collective Investigation Committee's inquiry in full.

Taking, first, the deaths (we dealt only with male deaths over twenty-five) between the ages of forty and sixty-five, we had 1705 such deaths returned, and of these 116 were attributed to some form of malignant disease—chiefly, of course, to cancer. We calculated the percentage incidence of the whole group of 1705 deaths in the five "alcoholic classes" specified in the inquiry, and compared with it the percentage incidence in those classes of the deaths from each form of disease of which a sufficient number of instances was furnished. As regards malignant disease the comparison runs as follows:—

Alcoholic classes. (A few doubtful cases are placed in the intermediate sub-classes denominated by double letters.)	Percentage incidence in the five alcoholic classes and the four sub-classes of 1705 deaths from all causes between the ages of 40 and 65.	Percentage incidence in the same of 116 deaths attributed to malignant disease at the same ages.
A. Total abstainers	2·6	4·3
ab. ,,	0·8	1·7*
B. "Habitually temperate"	28·7	37·06
bc. ,,	3·6	7·7
C. "Careless drinkers"	23·04	23·2
cd. ,,	2·9	2·5
D. "Free drinkers"	15·4	8·6
de. ,,	2·9	0·8
E. "Decidedly intemperate"	19·2	12·9
Unclassified	0·3	0·8

* This figure was inadvertently printed 17·2 in the Report.

Malignant disease exhibits here a decided tendency to fill the lower (more temperate) classes of the alcoholic scale, and to avoid the upper (the less temperate). If the table[1] from which these figures are extracted be studied in its entirety, it will be seen that no other form of disease exhibits the same tendency in so marked a degree.

A simpler mode of comparison consists in separating the deaths falling in the lower half of the scale ($A + ab + B + bc + \frac{1}{2}C$) from those falling in the upper half ($E + de + D + cd + \frac{1}{2}C$), and calculating the ratio of one to the other. We find that such a ratio for the whole group of 1705 deaths is but as 1 to 1·09, while for those referred to malignant disease it is as 1 to ·6, the highest of all.[2]

In advanced age no such comparative tendency to the lower part of the scale showed itself. The ratio, as above, for malignant disease and for "all causes" proved to be about the same—viz., nearly as 1 to ·5; and the percentage incidences compare as follows:[3]

Alcoholic classes, as before.	Incidence, as before, of 1810 deaths from all causes at 65 years and upwards.	Incidence, as before, of 100 deaths at 65 years and upwards attributed to malignant disease.
A. Total abstainers	1·8	1·0
ab. ,,	1·3	2·0
B. "Habitually temperate"	44·4	42·0
bc. ,,	5·02	6·0
C. "Careless drinkers"	24·08	27·0
cd. ,,	2·7	1·0
D. "Free drinkers"	11·1	13·0
de. ,,	1·5	1·0
E. "Decidedly intemperate"	7·6	7·0
Unclassified	0·2	—

It would be absurd to claim that the above figures, dealing with no more than 216 cases of malignant disease, furnished any absolute proof; but they certainly seem to me to afford some ground for the belief that the free use of alcoholic liquors, though decidedly injurious to health on the whole, tends to *delay* the development of malignant disease, or of some one or more of its forms.

Mr. Butlin, it will be remembered, in his Collective Investigation Report on Cancer of the Breast, noticed a preponderance of temperate habits among the subjects of cancer. "Making due allowance for errors ....," he says,[4] "there is every reason to accept the general tenour of the returns to the effect that the very large majority of these cancerous women were moderate in diet and sparing of stimulants."

I am, Sirs, faithfully yours,

ISAMBARD OWEN.

Hertford-street, Mayfair, W., Jan. 28th, 1889.

THE TREATMENT OF FRACTURES OF THE UPPER EXTREMITY.

To the Editors of THE LANCET.

SIRS,—Perhaps there are few matters more worthy of close attention and study by junior members of our profession than a summary of the ideas of an experienced hospital surgeon in the form of a clinical lecture. More especially is this the case when the subject chosen is not recondite or

[1] British Medical Journal, vol. i. 1888, p. 1313, Table XV.
[2] Ibid., p. 1315, Table XVII.
[3] Ibid., Tables XV. and XVII.
[4] Ibid., vol. i. 1887, p. 439.

abstruse, but is of common occurrence and great practical importance. A consideration of the treatment of fractures in the upper extremity is one of these. When discussed by so eminent and experienced an authority as Mr. Heath our interest in it is amplified. I must confess to a feeling of disappointment, on perusing the lecture, to find that Mr. Heath does not allude to the treatment of fractures in the vicinity of joints by the application of fixed apparatus, as the plaster-of-Paris. In the *Medical Times and Gazette* of Feb. 23rd, 1884, I wrote a short article upon this plan of treatment. The matter contained therein was, I venture to hope, founded upon actual experience of the treatment of troublesome fractures by the methods then recommended in the text-books—such experience, indeed, as falls to the lot of most house surgeons. From the expressions of approval which then reached me from time to time, I was led to infer that others had found this plan of treatment equally beneficial. I will not attempt to reproduce the article in question. Some of the essentials of the treatment were the waiting until swelling was subsiding, and discolouration of the skin, indicating disintegration and absorption of blood-clot, had become evident. During this time suitable temporary apparatus was applied, and evaporating lotions sedulously employed. Then the parts were held in as exact a position as possible by a trustworthy assistant, and thus steadily maintained. A thin flannel bandage was next accurately applied. This was overlaid by a narrow plaster-of-Paris bandage, composed of coarse muslin. The latter would dry in the course of ten minutes, and on the assistant relaxing his hold and his vigilance the parts were firmly fixed. Mr. Heath draws attention to the known frequency of ununited fracture of the shaft of the humerus. I cannot think of any credible reason why this bone should be thus specially favoured, unless it be the treatment of fractures of it by short splints, which certainly permit of considerable movement between the fragments. Both fractures of the middle of the shaft and of the upper third of the humerus are excellently treated by the plaster-of-Paris method. The apparatus should be put on in the form of a "spica" over the shoulder and under the opposite axilla, reaching from the elbow to the root of the neck. The assistant maintains the part in full extension, and care must be taken that the circulation at the bend of the elbow is free. All movements of the fragments are thus prevented, and there is an absence of gross displacement and irregular formation of callus which so often mars the result of the treatment of fracture of the upper third of the humerus by the "cap-and-pad" treatment. Indeed, so unfavourable are the results of the treatment of this fracture, that I have heard a distinguished surgeon declare that that practitioner would get the most credit in such cases who happened to be absent from home when summoned by the patient. Much of the discredit which, perhaps rightly, has fallen upon treatment of fractures by immovable apparatus has arisen from application of the latter immediately after the accident, without regard to reaction or swelling, or attention to the numerous details which are so needful in the after-treatment of all fractures. It would be most interesting, and to me gratifying, to know Mr. Heath's views upon the line of treatment I have briefly indicated. The treatment of fractures by plaster-of-Paris was most favourably spoken of by Mr. Erichsen in the earlier editions of his work It was apparently practised extensively, with highly favourable results, during the active period of service of that eminent surgeon at University College Hospital.—I am, Sirs, yours obediently,

January, 1889. A. MARMADUKE SHEILD.

RHEUMATISM AND CHOREA.

To the Editors of THE LANCET.

SIRS,—It seems allowed that, in England and in France at any rate, rheumatism is much more commonly antecedent to chorea than is any other disease. It has not yet been shown, and when the proportions are so small it would be very difficult to show, that chorea, compared with other disorders, is an uncommon antecedent of rheumatism. Until this is made out the infrequent occurrence of chorea before rheumatism merely proves that rheumatism is much the commoner disease of the two. Again, all speakers at the Medical and Chirurgical Society seemed to acknowledge that chorea itself could cause endocarditis in the same sense that rheumatism causes it, and not one suggested the endocarditis to be the cause of the chorea. We must therefore allow that there is a considerable connexion between the two, not only in their occurrence in the same person, but also in their effect upon the heart. They do not seem, however, to stand in the relation of cause and effect to one another. A person does not catch chorea because he has arthritis, endocarditis, nodules, rashes, or any other of the symptoms which make up our idea of the disease rheumatism, nor does he catch rheumatism because he has had the mental, motor, sensory, or cardiac symptoms which make up our idea of the disease chorea. The connexion between the two must be in the cause or causes of each. Of the exciting causes of rheumatism we know only cold and wet, of those of chorea only fright, and it is sometimes said that these causes are so dissimilar that they cannot be connected. But, in the first place, there may be many other causes of each; and, in the second, the tracks of these two in the body may be much less different than they appear. For the actual path of attack when we succumb to cold and wet is quite unknown. We know that it causes vascular disturbance, but this, on the one hand, is probably dependent on vaso-motor changes, and, on the other, may lead to some chemical change in the blood, as in paroxysmal hæmaturia, which itself produces the diseases so freely ascribed to cold. How, again, does fright act? Does it act directly upon the motor and sensory tracts? Does it act by a continued reflex, like being continually startled? Does it act through an alteration of what we are pleased to call our higher centres? Or does it produce some vaso-motor disturbance which is powerful enough to keep up for weeks a condition of ill-nutrition in the nervous system? and, if so, what is the track to the vaso-motor centre? I ask these questions, not for the sake of asking, but in order—while I strongly disapprove of such phrases as that chorea is a manifestation of rheumatism—to point out that the path of attack of the known causes of each may be much nearer than we are aware of. The inward nature as opposed to the outward visible signs is yet in each case to seek. Dr. Robert Lee suggested that we might be aided by distinguishing classes of chorea according to its external causes. This I have long tried to do, and my failure has led me to believe that the inward change is usually the same. I confidently expect, however, that we shall, in some unforeseen way, get more light upon these inward changes, and that if we do we shall not only find some explanation of the connexion between chorea and rheumatism, but also, it may be hoped, some indication for treatment.—I am, Sirs, yours obediently,

Upper Wimpole-street, W., Jan. 1889. W. P. HERRINGHAM.

PROMOTING DEGLUTITION IN CASES OF DISEASE OF THE EPIGLOTTIS.

To the Editors of THE LANCET.

SIRS,—In THE LANCET for July 2nd, 1887, Dr. Norris Wolfenden described "a simple method of procuring deglutition where such is impeded by reason of extensive ulceration of the epiglottis." As I have not seen any corroboration of his plan, I thought I should be doing good service in again directing attention to it, as I have recently had a case under my care in which this method answered admirably. The patient, when admitted into the Westminster Hospital, was in a half-starved condition, as for two or three weeks he had been able to swallow but little, and the three days previously to his admission hardly a drop of liquid had passed his lips on account of the severe paroxysms of coughing induced by the attempt at swallowing. On laryngoscopic examination, the epiglottis was found to be almost entirely destroyed by tuberculous ulceration. At first the patient was fed by means of a soft rubber tube passed down the œsophagus, but after two or three days the tube could no longer be passed; then I bethought myself of the observations made by Dr. Wolfenden, and immediately put the plan into execution as described by him. The patient was placed across the bed, lying on his abdomen, with his head within a few inches of the ground and his feet elevated. He was then given a piece of indiarubber tubing, one end being placed in a mug of milk and the other in his mouth, whereupon he drained off the milk with the greatest comfort. The remainder of his life was rendered endurable by this very

simple contrivance, as he was able to take a fair amount of liquid nourishment without exciting the paroxysms of coughing which had previously so distressed him.

I am, Sirs, yours obediently,
F. DE HAVILLAND HALL.

Wimpole-street, W., Jan. 24th, 1889.

SACCHARIN.

To the Editors of THE LANCET.

SIRS,—Having now constantly, I may say daily, prescribed this agent for some time before I first wrote on its uses, over a year since, and as much has been recently written and asserted of its action, therapeutically and dietetically, a few lines, detailing my individual experience of its dietetic and pharmaceutical value, may not be out of place.

I may first say that I have never known of any injurious effects follow its exhibition, though I have had and still have several patients who have substituted it for sugar altogether in their food. Nor have I any reason to suspect that its therapeutical, or rather pharmaceutical, use has disagreed with patients, or influenced the action of the drugs it was combined with. I have employed it largely in gouty, diabetic, glycosuric, and corpulent cases. It has taken the place of sugar in the form of elixir in the administration of a number of drugs when prescribed in the fluid state, while I constantly order it in powders in the solid.

The great mistake I find generally made with all preparations of saccharin, is that the intensely sweetening property of saccharin is overlooked, and too much is used both for purposes of diet, as when it is added to tea or coffee, and pharmaceutically, when it is prescribed for rendering palatable mixtures, powders, &c. Also, the intense *first effect* on the palate of saccharin is not remembered, so different in this respect from sugar, which, if it be taken with the latter, it completely disguises. It is true that some persons dislike, not alone the first effect of saccharin, but the "staying power" it exerts on the mouth and taste for a little time after it is used. Caution has therefore to be exercised in prescribing it in the first instance, and these effects should be pointed out to the patient, and the minimum quantity allowed, erring on the side of too little rather than too much. It is the exception that any special objection is expressed to its employment. I have had no unpleasant effects on the stomach or otherwise in my patients.

I may mention some of the drugs that I have found saccharin useful in disguising the taste of: quinine, muriated tincture of iron, antipyrin, salicylate of soda, salicin, the oils of copaiba and santal (either of these oils emulsified by the compound powder of almonds, in which the acacia has been increased by 25 per cent., and the sugar replaced by an equivalent of saccharin, form a mixture that is comparatively palatable, and, owing to the antiseptic property of the saccharin, it keeps much longer than one made in any other way; its utility in emulsions as a preservative is very great, and is noteworthy in the case of cod-liver oil (which has hitherto given much trouble), guaiacum, hydrastis, cascara sagrada, and chloride of ammonium. But in an infinite variety of forms the elixir of saccharin will be found of use in prescribing.

A patient of mine, some time since, was quite indignant with an eminent authority who rigidly forbad sugar in his diet, yet prescribed compound powder of liquorice to be taken nightly as an aperient. The patient grew inquisitive as to the composition of the powder, and was surprised, on inquiry of his chemist, to find that it contained a fair proportion of sugar. I have had several times saccharin substituted, so as to avoid this ingredient.

Sugar of milk and compound tragacanth powder are useful media for diluting saccharin powders. The soluble saccharin requires very little carbonate of soda to be added for solvent purposes. With granular effervescent preparations the granular saccharin or a few drops of the elixir combine well. I have used saccharin in some cases of chronic vesical catarrh, for washing out the bladder, but not with any marked benefit. Wishing for a palatable biscuit in some cases of diabetes, I had such a biscuit made by Mr. Benson, of Great Portland-street, containing gluten flour 11·5 grms., butter 2·75 grms., eggs 8·5 grms., and saccharin 0·01625 grm. in each biscuit, and a second formula with 1·5 of peptone of beef added to each biscuit, rendering the biscuit equal to its own weight of lean meat. These will be found admirable for business men suffering from diabetes. There is a third formula in which bran, freed from starch, replaces half the gluten. Desiring a useful alkaline lozenge that might be prescribed in irritable states of the throat, Mr. Benson, at my suggestion, has succeeded in giving me a hard lozenge, to the efficacy of which I can bear testimony. Each lozenge contains calcii chlorid. and magnes., of each $\frac{1}{2}$ gr.; sodii bromid., pot. chlorat. boracis, of each $\frac{1}{2}$ gr.; calcii carb., mag. carb., sodii bicarb., of each 2 gr; saccharin, $\frac{1}{10}$ gr. This lozenge is not disagreeable to suck, and has a decidedly soothing effect on the mucous membrane.

Trusting that these few observations on saccharin may not be amiss, I remain, Sirs, yours faithfully,

Jan. 1889. H. MACNAUGHTON JONES, M.D., &c.

MEASLES AND THE METROPOLITAN ASYLUMS BOARD.

To the Editors of THE LANCET.

SIRS,—As there is at present some hope that the managers of the Metropolitan Asylums Board will obtain powers to open their hospitals for the admission of cases of measles, it is perhaps desirable to bring before the public some of the advantages that would accrue if this plan were carried out. One or two practical points have been especially forced on my attention during the present epidemic, which indicate, I think, the great need there is for some hospital to open its doors for the admission of these cases. The most difficult cases to deal with are severe forms of purulent conjunctivitis, occurring in the overcrowded and dirty rooms of the poor. Here good and intelligent nursing is everything; often the sight, consequently the future of the child, trembles in the balance; but alas! perhaps, the mother goes out to work and leaves the medicine with a neighbour, who is asked to run in every three or four hours to administer it, and the eyes are left to take care of themselves. What can the busy practitioner do? No hospital will admit the case because of infection, and therefore to save the sight he must act both as nurse and doctor. I am certain that many eyes would be saved if the managers of the Metropolitan Asylums Board would admit these cases to their hospitals. Another result of neglected measles, met with in the same class of cases, is the loss of hearing that occurs in several children. What a boon it would be if it were possible to remove severe cases of measles complicated with broncho-pneumonia, or where there exists overcrowding and insanitary surroundings. It must never be forgotten that different epidemics of measles differ very widely in their severity; hundreds of children are attended to by their mothers, who usually prescribe "saffron-and-brandy"; they often do well, and a medical man is never called in. For this reason, I do not think the Metropolitan Asylums Board can ever hope to cope with measles as they do so well and efficiently with scarlet fever. There will always be many hidden and unknown centres of infection in our midst. But the good they would do by admitting severe cases such as I have mentioned would be immeasurable, and not only would save many a life, but, above all, would rescue many a child from a life of misery and helplessness.

I am, Sirs, yours faithfully,

Horselydown, S.E., Jan. 1889. FALLON PERCY WIGHTWICK.

DURATION OF INCUBATION AND CONTAGIOUSNESS.

To the Editors of THE LANCET.

SIRS,—Your annotation at p. 184 of last week's number opportunely calls attention to the appeal of the Clinical Society for further facts on the periods of infection in the more common communicable fevers. The Epidemiological Society first took up this subject, and it was in support of facts there brought forward that Dr. Murchison's contribution to the Clinical Society was made. Till then my own observations, published in 1873, had little to support them but some remarks by Trousseau and a paper by Dr. Gregory during the cholera epidemic of 1833. Since reprinting these observations on "The Periods of Infection in Epidemic Diseases," about a year ago, some notices of this essay

attribute my conclusions to later observers, or remark that they are in accordance with them; allow me, therefore, to take this occasion of claiming the degree of priority to which I am entitled.

I am, Sirs, yours faithfully,

WILLIAM SQUIRE.

Orchard-street, Portman-square, W., Jan. 28th, 1889.

THE PROTECTION OF THE MEDICAL PROFESSION.

To the Editors of THE LANCET.

SIRS,—In your last issue (Jan. 26th), Dr. Hardwicke suggests as one remedy for our troubles: "That no practitioner be allowed to regularly dispense for his patients, only in cases of emergency (so worded as to allow of his carrying a pocket case of drugs or keep a private selection for his own use or for emergencies)." Do I misunderstand him, or does he seriously mean to say that a legal enactment which would prevent general practitioners regularly dispensing for their patients would benefit the profession? If he does, I can tell him it is about the most absurd and impracticable proposition that ever entered the mind of man, and the remedy he suggests would be a great deal worse than the disease. If such a proposition ever becomes law, nine out of ten general practitioners must, in plain English, shut up shop, for their occupation, like Othello's, would be gone. He says that his suggestions may at first sight appear impossible—*very*, I should say; and adds that in England and Wales we are all being turned topsy-turvy. In my humble opinion, both doctors and patients would be *very much* topsy-turvy if we were not allowed to supply medicines as we have hitherto done. It might be all very well for wealthy and well-to-do patients, and no doubt very pleasant and dignified to sit in your consulting-room and write prescriptions; but what are we to do with parochial, club, and other contract work? What are we to do with the small farmer, tradesmen, &c.? Could they pay doctor and druggist? And how are they to get to their medicines when there is no druggist's shop within six or seven miles? I quite agree with Dr. Hardwicke that we want more *unanimity*, but the unanimity we want never has come, and I fear never will. We want the unanimity that will prevent twenty men rushing after an appointment which another man resigns because it does not pay. We want the unanimity that will prevent one man poaching on another man's manor. We want the unanimity that will prevent a man openly accusing his neighbour of improperly treating a case. We want the unanimity that will prevent a man with some means settling in another man's district where there is no scope, and by *underbidding* try to obtain patients from brother practitioners who have bought old-standing practices. We want the unanimity that will prevent men from charging 4*d.* and 6*d.* for a bottle of medicine, 1*s.* for a visit, and touting for confinements at 5*s.* and 7*s.* 6*d.* each. If this unanimity could be obtained we should be quite able to protect ourselves. We could then be fairly remunerated for our services, and more respected. As it is, the public know our weak points, our readiness to work at any price or no price, and make fools of us accordingly. If, in the words of the poet, we could all realise that

> "In fortune and in fame we're bound
> By stronger links than steel,
> And neither can be safe or sound
> But in each other's weal,"

the "discordant units" might then be "consolidated into one harmonious whole." But when will that happy period arrive? I am, Sirs, yours faithfully,

L. NICHOLLS, M.R.C.S. ENG.

Hartest, Bury St. Edmunds, Jan. 30th, 1889.

To the Editors of THE LANCET.

SIRS,—It seems to me, and I believe a large portion of the medical profession will agree with me, that the time has come for general practitioners to make a stand against the inordinate demands of the public and the unfair action of the hospitals and dispensaries. The people clamour for free medical attendance, and the hospitals, whilst exercising no supervision over the social standing of the patients admitted to a share of their charities, are constantly asking for more funds to enable them to meet the increased demands year by year thrown upon them. In other words, they ask the charitable public to support them in taking the bread out of the mouths of the general practitioner. The staff of a hospital, medical and surgical, cannot hold itself entirely blameless in this matter, for no man can belong to an institution without taking a certain amount of responsibility for its honesty of motive and conduct upon his shoulders. In these days of easy and cheap transit from the country to a town, the free relief given by our hospitals is a great inducement to a small tradesman to leave his local practitioner, whose name is known only in the district in which he lives, and apply for the gratuitous advice of some well-known consulting physician or surgeon. But when this abuse is put a stop to, as it surely will be before long, there will be much left for the practitioner to do himself. Every town should have its medical centre, to which every local practitioner should belong, and by which he should be guided; and the same system should work in the country. This can only be managed by the medical profession acting as a body having but one mind and ceasing to act as scattered units. I am, Sirs, yours truly,

Burwash, Sussex, Jan. 19th, 1889. G. CHARLES WILKIN.

P.S.—Since writing the above I have read a "London Surgeon's" letter. Much of his matter I entirely agree with, but I regret his unfair censure of medicine, and especially his remark about chemists.

FOREIGN BODIES IN THE AIR-PASSAGES.

To the Editors of THE LANCET.

SIRS,—In THE LANCET of Jan. 26th, Mr. G. Padley takes exception to my statements that tracheotomy should at once be performed in every case where a foreign body is diagnosed as present below the larynx, and that only after the trachea has been opened can inversion and succussion be safely tried. I agree with Mr. Padley that if inversion is to be tried at once, and alone, the risk is lessened by adopting the method suggested by him in THE LANCET of Nov. 10th, 1878, but even with this precaution there remains considerable danger from laryngeal spasm, and from the foreign body becoming impacted in the rima glottidis. Again, in only a small minority of cases can inversion alone be expected to succeed; the majority will imperatively require tracheotomy, and it seems only rational to open at once the windpipe, and so abolish entirely the above risks. The real danger, as pointed out by me in THE LANCET, Jan. 19th, is not from the tracheotomy, but from the subsequent too-prolonged attempts at exploring and extraction.

I am, Sirs, yours truly,

Manchester, Jan. 29th, 1889. JOSEPH COLLIER.

"THE ELECTROPATHIC AND ZANDER INSTITUTE: A PROTEST."

To the Proprietor of THE LANCET.

SIR,—We have to acknowledge the receipt of the marked copy of this week's LANCET, which you have been good enough to send us. We note your misleading remarks regarding our Electropathic and Zander Institute, and conclude therefrom that you know nothing whatever of our business. If you care to inspect our establishment and judge for yourself the manner in which our treatment is carried out, we shall be pleased to show you our arrangements for electro-massage, mechanical exercises, and other methods employed, and the perfection of our curative electrical machines and appliances, when we feel sure you would gladly withdraw your unjust and libellous remarks. Our Zander machines are the very identical ones you recommended in your *three-page* article on May 28th, 1881. As one of your contemporaries, like yourself, has recently written libellous remarks about us without making himself acquainted with the matter, and you had not the courtesy to insert our explanatory letter of Jan. 21st, replying to his remarks, we have preferred not to discuss the matter fully with you at present, but simply to ask you to find room in your columns for this letter to appear in the next issue of THE LANCET. We are surprised that a paper with your reputation should lend itself to such absurd prejudices, and

we must therefore hold you responsible in damages for your unjustifiable libels, and you will hear from our solicitor in due course.

We are, Sir, your obedient servants,
THE MEDICAL BATTERY COMPANY (LIMITED).
C. B. Harness, Managing Director.
Oxford-street, Jan. 26th, 1889.

To the Editor of THE LANCET.

SIR,—Our attention has been called to a libellous letter appearing in your issue of the 12th inst., under the above heading, and signed by Sir William Mac Cormac. A copy of this libel has been sent to our solicitor, who will deal with it in due course; but in the meanwhile we think we have a just claim for an answer to appear with equal publicity in your columns.

It is quite true that Sir William MacCormac's name did appear in a particular column relating to the Zander Mechanical Exercises in the *Daily Telegraph* of Jan. 8th, but no "unwarrantable liberty" was taken in connexion therewith, as we have the most ample and conclusive evidence that Sir William has for some time been an earnest supporter of this form of "movement cure," from the literature and books of the Zander Institute (Limited) which came into our possession when we acquired the whole of the machinery and patents and the sole right to carry out Dr. Zander's treatment in Great Britain. It is from these records that the complete list of medical patronage was carefully compiled, and, we believe, without a single error.

Your distinguished correspondent's assertion that "the Zander Institute was once respectable," must *per contra* be taken by every sane man to mean that such is not now the case. Well, the machines are the same, the staff of skilled assistants were taken over almost entirely *en bloc*, and it is therefore the present proprietors of the Zander Institution—the Medical Battery Company (Limited)—who are publicly represented as "not respectable," and this, failing an apology, which we have given Sir William Mac Cormac the opportunity of offering, is the libel for which we shall ask the courts to grant us substantial damages.

As a matter of fact, the Zander Department here is conducted on precisely the same lines as formerly, and surely professional despotism and bigotry will not contend that these unique machines have lost any of their curative virtues by a change of *locale* from Soho-square to the corner of Rathbone-place. Such a department, too, comes legitimately within the scope of our operations as a medical institution, and the following facts, if placed before your readers, will dispel many delusive impressions existing respecting ourselves.

The Medical Battery Company (Limited) is successfully conducting what has never before been done in this country—viz., an institution, under one management, for the treatment and cure of disease by the therapeutic uses of electricity, massage, chemical inhalation, and mechanical exercises, all highly approved curative agents; and for these purposes they have sought to secure the most perfect appliances and skilful operators in the world. In the Mechanical Exercises Department, Dr. Zander's celebrated machines for mechanical manipulations and movements are absolutely unrivalled. In the Electrical Department the exclusive services of the late preparateur to Dr. Charcot, at the Hospital Salpêtrière, and Preparateur d'Anatomie to the hospitals in Paris, have been obtained, and under his and Mr. Harness's supervision Dr. Charcot's system of electrisation is being carried out with the most improved machines and also the most recently perfected instruments for producing static, continuous, and induced currents; and we venture to claim we supply a professional as well as a public want in the combination under one roof of such a variety of methods of treatment of proved utility in modern therapeutics, and which could not be conducted by any individual physician.

Our great "besetting sin" appears to be that we are "unprofessional" in advertising; but whether this can justify Sir William MacCormac's estimate of our respectability remains to be seen.

The Electropathic and Zander Institute is open to your inspection if you desire to view it, likewise to that of any member of the Faculty, and asking you to give this letter publicity in your next issue,

We are, Sir, your obedient servants,
THE MEDICAL BATTERY COMPANY (LIMITED.)
C. B. Harness, Managing Director.
Oxford-street, London, W., Jan. 21st, 1889.

To the Proprietors of THE LANCET.

GENTLEMEN,—Referring to the libellous letter of Sir Wm. MacCormac in your publication of the 12th instant, I beg to say that my clients, The Medical Battery Company (Limited), will hold both you and him liable in damages. My clients have to thank you for calling their attention to your article of May the 28th, 1881, which, under my advice, will be published *in extenso;* also the article of the 17th December, 1881, of which you say a garbled quotation only has been published. I trust this will satisfy you.

It seems to me a matter of regret that you have not availed yourselves of the opportunity of visiting the Electropathic and Zander Institute with a view of satisfying yourselves whether or not it has deteriorated. You would have had the satisfaction of finding that the late extensive outlay has rendered it perfect, and that the beneficial effects derived from the appliances were as likely to be as marvellous and complete as when your paper advocated them in 1881. My clients will continue to use such testimonials as they are entitled to, regardless of the opinion of any bigoted newspaper. I am, Gentlemen, your obedient servant,

39, Hatton Garden, London, E.C., Jan. 26th, 1889. A. FLEET.

*** We publish the above letters from Mr. Harness at his request, and notwithstanding that they appear to us to be entirely wide of the criticisms to which they refer. We also publish the letter from his solicitor. We cannot undertake to give Mr. Harness and his company unlimited space in our columns, yet we must say, in answer to the remark that we have not visited his establishment or inspected his apparatus, that the simple reason is that his appliances have not come under discussion. The apparatus may be the best of its kind; the subordinates may be eminently fitted for their posts: with this we have nothing to do. We have said, and we mean to say, nothing whatever about these matters. But what we have said is that this establishment, when under the control of a "medical electrician" of whom we know nothing except through the medium of his advertisements, must not be taken to be the same thing as when it was controlled and responsibly managed by an accomplished medical man. Of Dr. Zander we know enough to have confidence in his ability to treat disease and to employ the machinery of the Zander system for that purpose, and of Dr. Zander and his appliances we wrote accordingly. But we protest against the appropriation of what we then wrote to the condition of things described in the above letters, and no possible inspection of a building and its fittings could affect our protest or the grounds on which it rests. With regard to the letter of the solicitor, we may say that we absolutely prohibit the republication in any form by Mr. Harness or his company of any of the articles which have appeared in THE LANCET with reference to the Zander system and its appliances.—ED. L.

LIVERPOOL.

(FROM OUR OWN CORRESPONDENT.)

The Local Medical Charities.

THE annual meetings of all our hospitals and dispensaries take place during the present and next month. So far the story of each is the same—increased expenditure, with diminished receipts. Up to the present date the receipts from the Hospital Sunday collections amount to £6500, though whether the total will exceed or fall short of last year cannot at present be stated.

Rabies at St. Helens.

On Jan. 23rd eight persons living in St. Helens were bitten by the same dog, which there is too much reason to believe was suffering from rabies, though it is to be regretted that it was destroyed before the fact was made conclusive. The patients were attended by several local practitioners, and the advice of Dr. Barron of this city was also sought. Six of the patients have been sent to Paris to be submitted

to the Pasteur treatment, the bites in the remaining two being slight. The progress of these six cases will be watched with great interest. The experience of past cases of a similar nature in this neighbourhood would appear to be in favour of the Pasteur treatment. Since the above was written, it appears that the remaining two persons have also gone to Paris for treatment. The subject of hydrophobia is to be brought before the Medical Institution here on Jan. 31st by Drs. Briggs, Glynn, and Barron.

The Burial of Unclaimed Bodies.

A case recently brought before the Bootle magistrates would appear to indicate that there is some uncertainty as to whether the parochial or corporate authorities are responsible for the removal of dead bodies from hospitals and dwelling-houses to the public mortuary, as well as on whom the duty devolves of providing for their burial. In this case, as the body had been removed from the hospital to the mortuary by the order of Dr. Beaver, the house surgeon, the order of the magistrate for its removal was not required, and the town clerk undertook to bury the body, and to bring the point he had raised before the Court on a future occasion. It is high time that this disputed point were settled once for all.

Death of Dr. Thomas Dodson Chalmers.

The notice of Dr. T. D. Chalmers' death in THE LANCET of last week was read with much regret by many local readers, the deceased gentleman having been a native of this city, and having also held office for some years as resident surgeon to the Northern Hospital and honorary assistant surgeon to the Infirmary for Children. He commenced private practice here, and also in Kandy, Ceylon, but was obliged to relinquish both in consequence of ill health. For years past he has suffered more or less from partial paralysis, and died at the early age of forty-three. He was buried in the churchyard of Bromley, Kent, by the side of his lately deceased father, Dr. David Chalmers, who practised for many years in Everton, formerly a fashionable village, now a part of this city.

Fatal result of a Football Accident.

An inquest was held yesterday by Mr. Brighouse, county coroner, on the body of a man twenty years of age, who died on Jan. 24th. The deceased was playing at a football match two months ago, and, in attempting to kick the ball, he fell upon his back; he was not stripped at the time, but was wearing his overcoat. He made no complaint until his return home, when Dr. Philpott was called in, and attended him till his death, which was from peritonitis. The jury returned a verdict of accidental death.

Symptoms produced by a Fatal Fall mistaken for Drunkenness.

A labourer, aged forty-four, died in the Bootle Hospital on Jan. 23rd. It appeared that some days previously to his admission to the hospital he had stumbled in the street in consequence of its slippery state, and had injured his head. He was locked up by the police for safety, in consequence of their supposing him to be drunk and incapable, and on the following day was fined 5*s.* and costs. He died in the hospital, and, on making a post-mortem examination, Dr. Beaver found a fracture of the base of the skull. The deceased did not blame the police, but told Dr. Beaver that the fall knocked him "silly." This case is an additional proof of the care with which all prisoners suspected of being drunk should be dealt with.

Liverpool, Jan. 29th.

MANCHESTER.

(FROM OUR OWN CORRESPONDENT.)

Treatment of Vagrants.

As is well known, the Local Government Board allow to guardians considerable discretion as to the manner in which they shall provide for tramps and vagrants who apply for temporary shelter. A passage of arms upon this subject, of a somewhat amusing character, is in progress between two of our boards of guardians. Certain strictures had been passed upon the Chorlton guardians, chiefly because they compel their tramps to sleep upon bare boards without any mattress or bed; so they made, it appears, a tour of inspection to the Salford and Manchester tramp wards, and came back convinced that their own system was the best. Not content with this, however, they proceeded to publicly criticise the arrangements they found in these other unions, and especially complained that in the Manchester wards, where the separate system is in operation, the wards were dirty and ill ventilated, and that the diet given was of a very meagre character. The Manchester guardians retort by saying that the separate system is better, that it keeps the respectable or decent tramp in honest search for work away from the professional pauper, instead of herding them indiscriminately together. It would also appear to have the advantage of affording some isolation in cases of doubtful illness, and may thus tend to prevent the spread of disease. The dietary of the Chorlton guardians is certainly more generous than the Manchester one, but their rule of providing nothing but hard boards to sleep upon might with advantage be relaxed in the case of women and children.

Veterinary Surgeons and Dentists.

The steady upward progress of dental and veterinary surgery has been very manifest of late years. We have in Manchester many of the best representatives of both these professions, and both have recently been a little prominently before the public. From remarks that fell from Dr. Young, the dean of the Medical School, at the annual dinner of the Odontological Society held last week, the department of dentistry in the Owens College had not yet, however, attained to that degree of success which was expected of it. As dental surgery comes to takes its place as a branch of applied surgery, it may perhaps help to diminish somewhat the rush of students to medicine and surgery; certainly at the present time it would appear to offer much more chance of pecuniary success, its ranks being by no means overcrowded. The veterinary surgeons have been making a suggestion to our health authorities, that, in consideration of the duties and work of the health department now in progress, it was desirable to appoint a veterinary surgeon to work in unison with the medical officer of health, the former to be specially charged with the supervision of our meat supplies, dairies, shippers, &c. If this has not hitherto been provided for, no time should be lost in seeing to these important matters, bearing directly, as they do, on the health of the community.

Gifts to Charities, &c.

Again the Whitworth trustees come forward as public benefactors. This time they offer to the School Board a large piece of land in Oxford-road, to be utilised as a public playground, if the Board will take it over and accept the responsibility of its care and maintenance. Under the will of the late Mrs. Platt, of Stalybridge, a large number of our local charities benefit. The Infirmary and the Salford Hospital get £2000 each; the Owens College and Hospital for Incurables, £1000 each; whilst the Lock and Skin Hospitals receive £500, and the Eye and Clinical Hospitals £300 each.

Death under Chloroform.

An important and indeed somewhat rare death from chloroform took place last week. A woman attended by a midwife had been for some time in labour, and on sending for medical assistance it was deemed necessary to administer chloroform ere delivery could be safely effected, and whilst under its influence the patient expired. At the inquest it was stated that the woman was suffering from fatty degeneration of the heart. The gentleman who administered the anæsthetic had given it in more than 400 cases without any untoward result.

Jan. 29th.

SCOTLAND.

(FROM OUR OWN CORRESPONDENTS.)

EDINBURGH.

The McEwan Academic Hall.

THE McEwan Academic Hall, to be erected in connexion with the University New Medical School, when completed, will be amongst the most striking architectural features in the city, according to the description given in the papers. It is in the style of the Italian Renaissance, a very prominent part of the structure being a campanile

tower rising to a height of about 260 feet. The completion of this tower, however, will be deferred, and it is intended in the meantime to carry it up to the level of the roof only. The hall itself will be semicircular in shape. Two galleries are to be provided, and these, with the area, are expected to afford accommodation for 3000 people. The building will be constructed of white stone, and the pillars of the windows are to be red, which will have the effect of bringing these into striking relief. The roof will be an iron one with an inside lining of panelled wood, and the rest of the woodwork of the interior will be chiefly oak. Reception and other rooms are arranged for, and the hall, which will have five entrances, will bear a resemblance externally to the Albert Hall, London. It is estimated that the cost of this magnificent hall will be £60,000, the whole of which will be contributed by Mr. McEwan.

The Better Endowment of Edinburgh University.

In a report of the Association formed for the purpose of promoting the above object, a statement of the income and expenditure of the General University Fund for the year 1886-87—the last year for which such information can be obtained—is given which shows how largely the University is dependent upon such fluctuating sources of income as matriculation and graduation fees. About two-fifths of this revenue are derived from medical graduation fees alone, an item which has doubled itself in the last ten years, but which was about £600 less than in 1885-86. It may, says the report, at any time fall off from causes which the University cannot control, such as the increase of schools going on in connexion with other universities, the improvement and extension of universities and medical schools in the colonies, &c. It is greatly to be desired, the report goes on to say, that very substantial additions should be made to the capital of the General University Fund, both to improve the financial position of the University generally, and to enable it to spend much more freely on direct educational objects.

The Royal Asylum and Easter Craiglockhart-hill.

This week we have an example of the necessity of attending to the motto "*Audi alteram partem*," as several letters from residents in the Morningside district have appeared in the papers in which it is declared that there is not the slightest discomfort or inconvenience experienced by the presence of the patients in the public thoroughfares. One writer says: "I have lived near the Morningside Asylum for more than twenty years, and when going in and out of town have constantly met the patients on the road. They have invariably appeared gentle, inoffensive, and well-mannered; had I not known, indeed, that they were under treatment I should have had no grounds for concluding that they were of unsound mind. ..... It is time to protest against an ignorant prejudice, which, in view of the modern treatment of the insane, can only be characterised as a survival of cruel and stupid barbarism." This appears to be the feeling of a large number of the inhabitants, many of whom think that there are other and far more glaring causes of inconvenience to be attended to before taking up the subject of the rambles of parties of harmless lunatics.

Methylated Spirit Drinking.

This subject, which has in Edinburgh assumed a position of very great importance from its prevalence amongst the very poor, especially amongst women, has been taken up for consideration by the Edinburgh City Parochial Board and the St. Cuthbert's Combination, which recommend the following regulations to be submitted to the Secretary of State for Scotland for approval. 1. That every seller should be licensed by the magistrates, who should have a power of withdrawing the licence. 2. That it shall not be lawful to sell methylated spirits from Saturday at 2 P.M. until Monday at 8 A.M., unless under a doctor's prescription. 3. That no less quantity than an imperial pint (twenty ounces) should be sold to one party at a time. 4. That the purchaser should declare the purpose for which the spirit is to be used; this to be entered in the seller's book. 5. Any party making a false declaration to be guilty of an offence and liable to punishment. Some such restrictions are absolutely necessary, as at present a large quantity of this spirit is obtained from the chemist's by women who are ashamed to go to the public-houses, or who prefer a large quantity of cheap spirit, however nauseous it may be to the taste, to a smaller quantity of purer alcohol, if indeed such is to be obtained from the public-houses with which these poor wretches deal. Several cases of severe methyl poisoning have been reported from time to time in Edinburgh, and it is high time that this illicit drinking should be put a stop to.

Royal Scottish Veterinary Society.

Amongst other subjects discussed by this Society at their meeting on Wednesday last was that of the connexion between bovine and human tuberculosis. Prof. McFadyean spoke of the identity of the two conditions as regards their causal effects. But he contended that although these diseases are identical, in that they are caused by the same bacillus, there was perhaps an unnecessary panic amongst the public, and to some extent also in the medical profession. He was one of those who did not believe that there was so much danger from the consumption of meat from animals affected with tuberculosis as was frequently supposed, though he could not allow that there was no danger under certain conditions. Professor Walley spoke of the importance of dealing with tuberculosis as a contagious malady, and characterised the delay in dealing with it as such as incomprehensible and indefensible.

Edinburgh, Jan. 29th.

GLASGOW.

Health Statistics for 1888.

THE city medical officer's report for 1888 states that during the year there were 11,675 deaths registered within the city, as compared with 12,128 in the preceding year, representing a death-rate of 22·19 in place of 23·1 per 1000 living. The year 1888 had now displaced 1887 from the memorable position of having the lowest death-rate in the authentic history of the city. There had been a progressive decline since 1883, when the death-rate was 28, and in successive years 27, 26, 25, 23, and now 22. This low rate is due to the absence of any severe epidemic, to the cold summer (preventing infantile diarrhœa), and to the warm winter (lessening the amount of pulmonary disease). The following figures show the movements of the death-rate for thirty years:—Mean death-rate, ten years, 1858-67, 30·1; ditto, 1868-77, 30·1; ditto, 1878-87, 25·8. Death-rate for 1888, 22·19. These calculations are based on the Registrar-General's estimate of the population, so that the city shows to less than its proper advantage. The Registrar-General estimates the population for 1889 at 528,144, an increase of 2056 on 1888; Dr. Russell's estimate, based on the return of inhabited houses, is 551,435. During the fortnight ending Jan. 12th the deaths were 582, and the death-rate 28·7 per 1000 living, against 478 and 23·6 in the fortnight preceding. The increased mortality was largely due to whooping-cough and measles. Regarding the latter affection, the medical officer urged the rigid exclusion from school, not only of those suffering from it, but also of the healthy and school-going children from infected families.

Unhealthy Houses.

The great changes which the Town Council, operating through its City Improvement Committee and Health Committee, has been able to effect in the slums of the city, are well known, and have contributed not a little to the satisfactory lowering of our death-rate, to which attention is drawn above. As a good sample of many of the "rookeries" which have been cleared away during the past few years, the following account of one which has just been condemned is extracted from a report issued by a sub-committee on unhealthy houses. It pictures one of the filthy dens in which even some of our respectable poor have to live. "The medical officer, at a meeting held on the 4th ult., submitted 'the statistics of the mortality for the last six years of the coloured portion of area R, bounded by Trongate, Osborne-street, Saltmarket, and King-street, which showed that the death-rate had been 55·8 in the portion to the north of Princes-street, and 61·3 in the portion to the south, the death-rate of the original area having been 40·65. The death-rate of the original area S, to the south of area R, was 44. The Trust still hold the portion fronting Saltmarket from the railway to Bridgegate (except Millar's-place), and along Bridgegate to No. 26. The death-rate of 122 Saltmarket for the last six years was 60. The death-rate under one year per 1000 born in the North Princes-street block in the last six years was 329, in the South Princes-street block 310, and in 122 Saltmarket 255. For the same period in the whole city the total death-rate had been 24·5, and the death-rate under one year per 1000 born, 149. The

committee proceeded to inspect 122 Saltmarket. The buildings on the north of this close are placed back to back with Millar's-place, separated therefrom by a wastage some two feet wide, at the bottom of which runs an open drain, the smells from which are much complained of by the tenants. There are very small windows into this wastage, but they admit no light except in the attic storey, and, in consequence, the rooms abutting on the back wall are all dark and unventilated. The ground houses receive all their light from the front, and, the roofs being low, their opposite ends are dark. In the third ground house there is a back room with a wet earthen floor. Rats abound in these houses. In the front tenements, right and left, there are lobbies so dark that it is impossible to discover the doors without artificial light. The roofs of all these tenements admit rain freely, so that the tenants of the attic storeys require to catch the drops in tubs, and the water sometimes reaches the houses beneath, in which a portion of the plaster had fallen during the recent heavy rains and injured a woman. The committee were surprised to find the majority of the tenants so respectable and well provided, and having their houses so clean in such circumstances as those described. It is their unanimous opinion that the houses in this close are uninhabitable, and that these tenements are utterly beyond repair, and should immediately be cleared away."

Royal Infirmary.

The Annual Report of this institution shows that in 1888 it treated 46,000 patients; of these, 5043 were admitted as in-door patients, against 4790 in 1887. The cost of each fully occupied bed was £47 11*s.* 5½*d.*, against £47 3*s.* 5*d.* for the previous year; the average cost of each patient treated to a conclusion was £4 17*s.* 5*d.* The daily average number of patients was 515, and the resident staff numbered 190. Deducting cases moribund on admission (dying within forty-eight hours), the mortality was 6 per cent. The receipts of the infirmary for 1888 (ordinary and extraordinary income) were £29,380 13*s.* 8*d.*; the expenditure (ordinary and extraordinary) amounted to £30,531 12*s.* 5*d.*; the deficit of £1150 18*s.* 9*d.* was taken from stock account. The extraordinary expenditure for the year had been large, nearly £6000 having gone to the completion of the nurses' home, the total cost of which is over £9000. This is a large sum, but it is money well spent. Since occupying the home the nurses have felt that it has added to their health and comfort, as they are now removed from the atmosphere, associations, and sounds of the wards, which disturbed their necessary rest and slumber.

The Lock Hospital.

In 1888 there were treated in this hospital 316 cases, 42 more than in 1887. The average cost per patient had been £1 19*s.* 8½*d.* The patients admitted for the first time numbered 186; for the second time, 71; third, 27; fourth, 8; fifth, 2; seventh, 1. While the object of the hospital was primarily the treatment of physical disease, a fair proportion of the inmates on leaving went to their friends or sought admission to reformatory institutions.

Glasgow, Jan. 29th.

IRELAND.

(FROM OUR OWN CORRESPONDENTS.)

DUBLIN.

Dublin Hospital Sunday Fund.

THE total sum contributed last November at the various churches, including special donations, amounted to £4096 10*s.* 3*d.*, being an increase of £139 0*s.* 7*d.* as compared with the year preceding. Considering the great depression which has existed among all classes for the past year, it is gratifying to be able to show an increase in the collections; and as the country becomes more prosperous a further improvement in the sum obtained on Hospital Sunday may fairly be expected. This sum of £4096 10*s.* 3*d.* includes £34 11*s.* the proceeds of a football match by the Leinster branch of the Irish Rugby Football Union.

British Dental Association: Irish Branch.

The first general meeting of the Irish Branch of this Association was held last week in the Albert Hall of the Royal College of Surgeons in Ireland, presided over by Mr. Daniel Corbett. Mr. Robert H. Moore was chosen President; Mr. J. C. Clarke, President-elect; Mr. S. F. Thompson, Hon. Treasurer; and Mr. W. Booth Pearsall, Hon. Secretary. The following were elected members of Council for 1889:—J. J. Andrew, W. H. Elwood, J. McStay, W. C. Corbett, A. W. Baker, D. Corbett, D. Corbett, jun., R. Hazleton, G. M. Murray, F. Ryding, C. Wall, G. F. Hare (Limerick), and Samuel Smyth (Londonderry). Mr. Corbett, the outgoing President, in delivering his valedictory address, alluded to what had been done by the Irish Branch of the British Dental Association in the past year of its existence; and he thought the members present would agree with him in thinking that they gave to the parent Association last August a convincing proof how fully they sympathised with the efforts to elevate and maintain the profession in the position it should occupy in connexion with medical and surgical science. Dr. Theodore Stack, in proposing a vote of thanks to the retiring President, said he needed not to remind the members how adequately he had discharged the duties and maintained the dignity of his position. Called to be their president in the infancy of their branch, he had guided them through the initial stages of their formation, and launched them forth a promising section of the parent Association. Mr. Booth Pearsall seconded the vote of thanks, which was carried unanimously. A paper on Abscess of the Antrum having been read by Mr. A. Baker, the proceedings terminated.

Adelaide Hospital.

Miss Reynolds, the lady superintendent of this institution, has recently been presented with an illuminated address, accompanied by a travelling clock and a purse of £150, on the occasion of her retirement after fourteen years' service, principally owing to impaired health. The address testified to the great popularity, personal merits, Christian integrity, and the influence which Miss Reynolds had exercised in bringing the establishment to its present efficient condition

Health of Dublin for the December Quarter.

The births numbered 2227 and the deaths 2186, the latter being equal to a rate of 24·8 per 1000. Zymotic diseases caused 307, being 61 below the average for the corresponding quarter of the previous year. The mortality from diseases of the respiratory system (excluding phthisis) was well below the average for the December quarter, the deaths numbering 426, or 154 under the average for the fourth quarter of the previous ten years; these 426 deaths include 279 from bronchitis, 86 from pneumonia, 18 from croup, and 6 from pleurisy; 170 cases of typhoid fever were admitted to hospital, against 91 for the September quarter; 136 patients were discharged, and 25 deaths took place.

The Amalgamation of the Dublin Medical Schools.

It is rumoured, and I believe correctly, that there is a strong probability that the scheme of amalgamation between the Carmichael and Ledwich Schools with the School of the Royal College of Surgeons in Ireland will be carried out in its entirety, the opposition having been withdrawn.

Dublin, Jan. 29th.

BELFAST.

The Ulster Medical Society.

AT a meeting of this Society, held on Jan. 23rd, Dr. O'Neill and Professor Sinclair read notes of two interesting cases of empyema, which they were also able to show to the members present. The patient exhibited by Dr. O'Neill was a young man twenty-five years of age, and in his case the line of surgical treatment adopted was incision followed by drainage and washing out with Condy's fluid. In Professor Sinclair's case (the patient was a child), there had been incision, followed by drainage for a short time, but no washing out. A very interesting discussion followed, in which the various speakers dwelt on the latency of the symptoms in empyema in children, the great value of the aspirating syringe as a means of diagnosis, the occasional danger of washing out the pleural cavity, and the method of obliteration of the pleural abscess cavity on recovery. The opinion of the meeting seemed to be in favour of free incision, drainage for a time, and rather against any washing out of the pleura. Dr. McCaw then read a paper on the treatment of acute gonorrhœa by 5 per cent. thallin bougies, and cited a case in which this plan had been fol-

lowed by very rapid recovery. Dr. O'Neill gave details of three cases of gleet treated by 2½ per cent. bougies of the same nature, with distinctly good results.

The Ulster Eye, Ear, and Throat Hospital.

From the reports read at the annual meeting of the supporters of this hospital I learn that 1771 patients were treated during the year, and of these 167 were in-door. Of the in-door patients, 100 were paid for by themselves, their friends, or Poor-law boards, at the rate of 10s. per week; 42 were free; and 25 were private patients. Dr. W. A. M'Keown, in his special report, stated that during the year he had extracted 44 senile cataracts, 8 in young people, and 6 caused by wounds, a total of 58 extractions, with a high average of success. The operation is now practically painless, and any occasional want of success is the result, as a rule, not of the operation, but of some imprudence of the patient, or of some constitutional defect, or it may be of some fault in the *entourage*. Dr. M'Keown again urged an extension of the hospital. In the summer of 1887 the Royal University required the attendance of students at a hospital having at least ten beds in regular occupation for diseases of the eye and ear. The Ulster Eye, Ear, and Throat Hospital was at once recognised, and during the winter session 1887-88, summer session 1888, and the present winter session forty-three students have entered their names on the books. The President of Queen's College, who was present at the meeting, referred with gratification to the fact that this hospital was now required as a clinical institution by the Royal University, and that the students of Queen's College, Belfast, were now permitted to come there for instruction in diseases of the eye, ear, and throat.

Hospital for Consumption and Diseases of the Chest.

The annual meeting of this charity was held on Jan. 25th. The report, read by Dr. R. J. Purdon, showed that during the year there were 466 cases of consumption, 196 of bronchitis, 54 of pleurisy, 7 of asthma, and 40 of heart disease which, with other cases, brought the total treated during the year up to 809. In the same period there were 3419 additional attendances. There was an increase of 144 patients as compared with last year. During the year one of the physicians, Dr. Dickey, resigned, and Dr. F. Howard Sinclair was appointed in his place. There is a small balance in favour of the hospital, the receipts during the year being £147 11*s.* 4*d.*, while the expenditure was £139 6*s.* 1*d.*

Samaritan Hospital for Women.

The annual meeting of the subscribers and friends of this charity was held in the board-room on Jan. 25th, Dr. Dill, Professor of Midwifery at Queen's College, presiding. The reports showed that the income from all sources amounted for the past year to £541 and the expenditure to £617. The medical report was presented by Dr. M'Mordie, surgeon to the hospital, and stated that there were twenty available beds, and that there were 137 cases, mostly surgical, treated in wards during the past year. There were 840 treated at the extern department. A tabulated statement of the work done during the year had been prepared for the information of the medical profession in the north of Ireland, as it was for the benefit of the people of Ulster the Samaritan was founded.

The Royal University.

Professor Sinclair is a candidate for the Senatorship of the Royal University, vacant through the resignation of Dr. Whitla. Already Dr. Sinclair has a very large number of members of Convocation on his committee, and his election as a representative of the Belfast Medical School would give universal satisfaction.

North of Ireland Branch of the British Medical Association.

A meeting of this Medical Society was held in the Royal Hospital on Friday, Jan. 25th, Professor Dill, M.D., President, in the chair. There was a very large attendance. Dr. St. George (Lisburn) showed a case of Supra-pubic Lithotomy in an adult, as well as the calculus removed. Dr. O'Neill exhibited a case of Hip Disease and a case of Knee-joint Disease. Professor Cuming showed a very good example of Athetosis. Dr. M'Keown read communications on Extraction of Steel from the Vitreous by the Electro-magnet; and on Extraction of Senile Cataract without Iridectomy, with notes of the results of forty cases. In illustration of his method of operating, several patients were exhibited by Dr. M'Keown. Dr. Byers showed an example of Xanthelasma Palpebrarum, and exhibited the Ovaries and Fallopian Tubes successfully removed from a patient for Bleeding Uterine Myoma. Dr. Thompson (Omagh) read communications on a new method of Excising the Wrist-joint; on a successful case of Arthrectomy of the Knee-joint; and on a successful Ovariotomy.

Belfast, Jan. 28th.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

Strophanthus and Strophanthine.

IN continuation of the discussion at the Academy of Medicine on the relative properties of strophanthus and strophanthine in respect to the treatment of cardiac affections, M. Constantin Paul said that he had not for strophanthus the enthusiasm professed by MM. Germain Sée and Bucquoy. He, however, believed that strophanthus was a good medicament of the second order, and was far superior to certain medicaments, such as caffeine, the adonis vernalis, or sparteine, so much vaunted in these latter years. M. Constantin Paul added certain remarks on the latent maladies of the heart referred to by Professor Sée. He did not believe in diseases of the heart absolutely latent; in these cases there was at least what is termed "the dyspnœa of effort"; on the contrary, certain cardiac lesions might remain latent—such, at least, as certain congenital lesions and certain defects in the conformation of the pulmonary artery. Dr. Dujardin-Beaumetz criticised the further conclusions of Professor Sée, who brought forward certain statistics in support of his argument; but in doing this he pointed out the little value of such statistics as far as cardiac affections are concerned. At the commencement, he said, these may be cured, but when the disease is very much advanced all medicines fail, as the cardiac muscles do not contract.

The Microbe of Malaria.

At a recent meeting of the Academy of Sciences, Professor Bouchard presented, in the name of Professor Laveran of Val de Grâce, a memoir on the parasite of impaludism. The parasite brought to notice by the author in 1879 is considered as being incontestably that which produces intermittent fever. Everywhere where cases of fever were examined the same organism was found, and that not only in France, but also in Germany, in Italy, in Russia, in Algiers, in Madagascar, &c. M. Bouchard, therefore, considers it as demonstrated that intermittent fever is due to the parasite discovered by Dr. Laveran.

Adulteration of Wine.

To give an idea of the extent to which wine is adulterated or falsified in this country, I may mention that very recently 1500 casks supposed to contain wine were seized by the police authorities on suspicion. Samples of this wine were taken from different casks and forwarded to the municipal laboratory for examination. The analysis to which they were submitted showed that, instead of wine, these 1500 casks contained a mixture in the composition of which there was not a single grain of the grape. This spurious wine was manufactured with a large proportion of water, some alcohol of inferior quality, a little glycerine, a colouring matter called "maqui" (a product of Chili), a considerable quantity of plaster (as much as six grammes per litre), and marine salt.

Vital Statistics of Paris.

The annual statistical report of the city of Paris for the year 1886, and published by Dr. Bertillon, director of the Statistical Department of the Prefecture of the Seine, gives the following figures: Population, 2,260,943 inhabitants; marriages, 20,604 (monthly average, 1717); births, 60,636 (proportion, 26·19 per 1000); deaths, 57,092 (proportion, 24·37 per 1000). It may be remarked that, as always, there exists a slight difference only between the number of births and deaths. It is not in proportion with the increase of the population of Paris. This increase is caused in a great measure by the influx of provincials and foreigners.

Measles.

According to the last weekly municipal report, measles is rather prevalent in Paris just now, and is reported to

reign more or less in the outskirts of Paris and among the poorer classes. There have been fifty deaths from this cause during the last week, nearly all the patients having succumbed to complications during convalescence, and notably to that of broncho-pneumonia. Typhoid fever is on the decrease, and so is diphtheria, which have caused fifty and thirty-seven deaths respectively during last week.

Last week the Senate passed the second reading, and without any alteration, of the project of law on the agricultural utilisation of the sewage waters of Paris and on the sanitation of the Seine.

Paris, Jan. 29th.

BERLIN.

(FROM OUR OWN CORRESPONDENT.)

Congress für Innere Medicin.

THE eighth Congress for Internal Medicine will sit at Wiesbaden from April 15th till the 18th, under the presidency of Dr. von Liebermeister of Tübingen. Dr. Schultze of Bonn will deliver an oration in memory of Dr. Ruehle. On the 15th Drs. Curschmann and Leichtenstern will speak of Ileus and its treatment, and Drs. Ebstein and Pfeiffer on the 17th of the Nature and Treatment of Gout. Besides these, Dr. Immermann of Basle will lecture on the Functions of the Stomach in Phthisis Tuberculosa, and Dr. Lewin of Berlin on the Preparation and Effect of Medicines.

Dr. K. F. W. Nasse.

Dr. Karl Friedrich Werner Nasse, head physician of the Rhenish Provincial Lunatic Asylum and honorary professor in the University of Bonn, has just died at Bonn. He was the author of "Proposals for Legislation for the Treatment of the Insane, with special reference to Prussia," and of numerous essays on Diseases of the Mind in the medical periodicals of Rhenish Prussia. He was the initiator of a new epoch in the public treatment of the insane in that province, and it is due to his energy that four large lunatic asylums now exist there, all the heads of which were his pupils.

Tata Albumen.

In the last number of the *Archives of Hygiene*, Dr. Helbig, of Dresden, draws attention to a new article of food called Tata Albumen. The history of its discovery is curious. In the summer of 1882 a child of four, named Tata, gathered some dozens of sea-swallows' eggs on the sandy banks of the Neva, and amused itself by boiling them hard. After removing the shells, the child was astonished by the aspect which the eggs presented. The well-coagulated albumen was so perfectly transparent that one saw the yelk distinctly through it. These eggs were shown to the Russian chemist. Prince John Tarchan Mourawow (called Tarchanow), who subjected them to a careful examination. He found that the kind of albumen which presents a glassy, gelatinous appearance when coagulated is characteristic of callow-born birds. He succeeded also in converting the albumen of ordinary hens' eggs into the same glassy, gelatinous condition by means of caustic or soda lye. Under this treatment hens' egg swell to more than double their size, without changing their shape. From the dried Tata albumen one can make Tata powder, by means of warm thin alkaline lye. Coagulated Tata albumen is digested eight or ten times quicker than the albumen of hens' eggs. Tata powder is also much more easily dissolved than other egg conserves or the boiled albumen of hens' eggs. Dr. Helbig's chemical analysis of Tata powder showed that it contains fully as much albumen as the white of hens' eggs, and differs from it only by containing a smaller amount of fat and a larger quantity of inorganic substances. Dr. Helbig is of opinion that there is nothing to prevent the use of Tata albumen as an article of food. Tata powder can be eaten raw as well as boiled, and keeps good as long as almost any other egg conserve. Swollen Tata is tasteless, and therefore admits in a high degree of spicing and other additions, so that it may be turned to culinary account in a number of ways. The preparation of Tata albumen from common eggs is simple and cheap.

Berlin, Jan. 25th

ROYAL COLLEGE OF PHYSICIANS.

AT a comitia of the College on the 31st ult., Sir Andrew Clark, Bart., President, in the chair, the following were admitted Members of the College:—Charles Frederic Bailey, M.D. Lond.; William Lee Dickinson; James Galloway, M.B. Aberd.; Otto Jackson Kauffmann, M.D. Lond.; John Fletcher Little, M.B. Camb.; John Wychenford Washbourn, M.D. Lond.; and Walter Essex Wynter, M.D. Lond.

A report from the Censors' Board respecting the case of Mr. Daly, lately under consideration by the General Medical Council, was adopted. It recommended that no action should be taken in the case.

The Senior Censor announced that Dr. C. Meymott Tidy had been awarded the Swiney prize, consisting of a silver cup and 100 guineas. This prize is awarded by the Society of Arts and the Royal College of Physicians conjointly for work in Jurisprudence.

The rest of the time of the meeting was occupied with a prolonged discussion bearing upon a resolution in reference to the publication of the book entitled "The Fatal Illness of Frederick the Noble."

THE SERVICES.

INDIA OFFICE.—The Queen has approved of the retirement from the Service of the undermentioned Officers of the Staff Corps and Indian Military Forces:—Deputy Surgeon-General Alfred Eteson, M.D., Bengal Medical Establishment (dated Jan. 13th, 1889), and Brigade Surgeon Robert Lidderdale, M.D., of the Bengal Medical Establishment (dated Jan. 27th, 1889).

ADMIRALTY.—Staff Surgeon Matthew Fletcher Ryan has been promoted to the rank of Fleet Surgeon in Her Majesty's Fleet (dated Nov. 14th, 1888).

The following appointments have been made:—Staff Surgeon Christopher Harvey to the *Lion*, Staff Surgeon Robert Bentham to the *Neptune*, and Surgeon Edward B. Townsend to the *Boscawen*, additional, for Portland sick quarters (dated Feb. 1st, 1889); Mr. William W. Fullarton to be Surgeon and Agent at Ballantrae, Surgeon Evan St. M. Nepean to the *Revenge*, additional, Surgeon Henry J. Hadden, B.A., M.B., to the *Belleisle*, additional, and Surgeon Wm. Tait, M.B., to the *Royal Adelaide*, additional, temporarily (all dated Jan. 30th, 1889).

VOLUNTEER CORPS.—*Artillery:* 1st Lanarkshire: Acting Surgeon D. J. Cunningham resigns his appointment (dated Jan. 26th, 1889).—2nd Northumberland (the Percy): John Somers Forrest, Gent., to be Acting Surgeon (dated Jan. 26th, 1889).—*Engineer:* 1st Durham: Acting Surgeon W. Mearns, M.D., to be Surgeon (dated Jan. 26th, 1889).—*Rifle:* 5th (West) Middlesex: Acting Surgeon S. H. Taylor, M.D., to be Surgeon (dated Jan. 26th, 1889).—13th Middlesex (Queen's Westminster): Acting Surgeon P. P. Whitcombe, M.B., from the 16th Middlesex (London Irish) Rifle Volunteer Corps, to be Acting Surgeon (dated Jan. 26th, 1889).

Obituary.

ARTHUR ROSS, M.D.

WE regret to announce the death of a well-known practitioner in Ballymena—Dr. Arthur Ross,—who died at his residence, Ashville, in that town, on Saturday, Jan. 27th, in his sixty-seventh year. After graduating in Edinburgh in 1842, Dr. Ross settled down to practise in the same place, where his father had been a medical man before him. Dr. Ross was a dispensary officer of the Ballymena district; he was also medical officer of health, medical officer of the Gaol and National Model School, and honorary physician to the Cottage Hospital. Dr. Ross was greatly beloved by the inhabitants of Ballymena, in which, and in the surrounding districts of co. Antrim, he had a large private practice, and held a very prominent position.

Medical News.

SOCIETY OF APOTHECARIES OF LONDON.—The following candidates, having passed the qualifying examination in Medicine, Surgery, and Midwifery, have received certificates entitling them to practise in the same, and were admitted Licentiates of the Society on the 10th ult.:—

Moore, Ed. Jas., St. Barthol. Hosp. and Oxford University.
Vermaak, Herman, Queen's College, Birmingham.

Passed on the 16th ult.:—

Cory, Frank Gillett, London Hospital.
Melville, Samuel Lightfoot, Royal Infirmary, Liverpool.
Molyneux, Edward, Royal Infirmary, Liverpool.

Passed on the 24th ult.:—

Fox, John Alfred, Guy's Hospital.
Llewelyn, Ithel Fenderel, King's College Hospital.
Hardwicke, Ed. A., Charing-cross and King's College.
Waghorn, James, Charing-cross Hospital.
Warrell, Charles Lloyd, Middlesex Hospital.
Watson, Evan John, Manchester Royal Infirmary.

DOVER HOSPITAL AND DISPENSARY.—In the annual report—the thirty-seventh—for 1888, the committee state that they have at length been able to undertake the building of a new wing especially for hospital work, converting the several parts of the old building to better internal and ministrative use. The financial report is, from several causes, considerably in favour of the hospital.

ROCHDALE INFIRMARY AND DISPENSARY.—The annual meeting of the governors was held at the Town Hall on the 18th ult. The medical report states that 122 patients had been admitted, of whom 101 were discharged cured, and 1250 out-patients were dealt with, 1089 of whom were cured. The capital account had been augmented by the sum of £733, of which £450 accrued through the gala, which proved very successful.

BRIGHTON AND HOVE LYING-IN HOSPITAL.—The annual report for 1888 states that the number of in-patients had been thirty-one, among which were many difficult and dangerous cases which had been successfully treated. The Western Branch continues its satisfactory work; 933 confinements, including a case of triplets, were attended. The dispensary cases numbered 651. The expenditure was in excess of receipts by no less than £246.

FOOTBALL CASUALTIES.—At Masbrough, near Sheffield, on the 21st ult., John Moir, of the Toledo team, playing in a match with the Masbrough team, was struck between the ribs and the hip, rupturing the kidneys.—Walter Hackin, a youth, while playing with some companions on Saturday at Crawshaw Booth, near Rawtenstall, received injuries to the stomach, which produced severe vomiting. He continued in a state of prostration, and remained unconscious until his death.

CITY OF LONDON DISPENSARY.—At the annual meeting recently held of this Society, which is now celebrating the centenary of its existence, the report, which was unanimously adopted, stated that during the year the public had extended to the charity liberal and hearty support. During the past twelve months 13,413 patients, of whom 12,338 were new cases, had enjoyed the benefits of the dispensary. There remained on the books at the close of the year 1126 cases, as against 1075 at the end of 1887.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—The following members have been elected as officers and councillors for 1889:—President: Mr. Henry Sewill. Vice-Presidents: Messrs. J. H. Mummery, W. F. Forsyth, Felix Weiss, G. C. McAdam (Hereford), J. Cornelius Wheeler (Southsea), and W. Bowman Macleod (Edinburgh). Treasurer: Mr. Thomas Arnold Rogers. Librarian: Mr. Ashley Gibbings. Curator: Mr. Storer Bennett. Editor of the Transactions: Mr. Walter Coffin. Hon. Secretaries: Messrs. C. J. Boyd Wallis (Council), E. G. Betts (Society), and J. Ackery (Foreign Correspondence). Councillors: Messrs. John Fairbank, David Hepburn, Ashley W. Barrett, R. H. Woodhouse, L. Matheson, W. Scott Thomson, C. S. Tomes, Willoughby Weiss, W. H. Woodruff, E. Apperley (Stroud), J. H. Redman (Brighton), R. Wentworth White (Norwich), T. C. Parson (Clifton), R. T. Stack (Dublin), F. J. Vanderpant (Kingston-on-Thames), A. A. de Lessert (Aberdeen), M. de C. Dickinson (St. Leonards-on-Sea), and Alexander Fothergill (Darlington).

WATER-SUPPLY, GAINSBOROUGH.—It is stated that the water-supply from the recent artesian well borings, sunk at a cost of about £5000, is adequate to the requirements of the town, and that the local authority has resolved to take steps for securing a permanent and economical means of utilising the supply.

MIDLAND COUNTIES HOME FOR CHRONIC AND INCURABLE DISEASES.—The annual report recently issued attests the steady progress of the institution. The house had been enlarged by adding a commodious ward and six other rooms capable of accommodating from fifteen to twenty additional patients. Of the total cost (£1100), there only remained to be raised £50. The revenue account and endowment fund were both in a satisfactory state. The sum of £1163 6*s.* 4*d.* was received from paying patients.

LIVERPOOL DENTAL HOSPITAL.—At the annual meeting of the supporters of this institution, the report, which showed a debit balance of £27 14*s.* 6*d.*, was adopted. During the year 25,044 patients were treated. Of these, 8986 were children. The operations performed numbered 32,701. The appointment of two qualified gentlemen as house surgeons had resulted in the hospital being placed in a more satisfactory position as a recognised institution for dental students' hospital practice.

ST. JOHN AMBULANCE ASSOCIATION.—The Prince and Princess of Wales inspected close upon a thousand certificated pupils of the St. John Ambulance Association on the occasion of their recent visit to Middlesbrough-on-Tees. Great interest was displayed by their Royal Highnesses, and an address was delivered by the Prince of Wales, who expressed his gratification at witnessing for the first time since becoming President of the Association such a satisfactory parade of ambulance workers.

JENNY LIND INFIRMARY FOR SICK CHILDREN, NORWICH.—On the 22nd ult. the annual general meeting was held of the supporters of this infirmary. The Mayor presided. The annual report—the thirty-third—referred to the increased work which had been performed during the year: 1537 patients were treated, an increase of 185 on the previous year. The financial statement showed that while the expenditure was £1055, the receipts had enabled the committee to add £270 to the endowment fund as the net gain on the year.

LEEDS HOSPITAL FOR WOMEN AND CHILDREN.—The report presented to the thirty-sixth annual meeting of the subscribers, held last week, shows that the general work of the hospital was progressing in a satisfactory manner. The number of patients had considerably increased during the year. A diminution in the donations, legacies, and also the subscriptions, had occurred; but a substantial addition had been made in the receipts from the Leeds Workpeople's Hospital Fund, and the balance-sheet showed a surplus of £117 14*s.* 2*d.*

TIVERTON INFIRMARY AND DISPENSARY.—The subscribers held their annual meeting at the Town Hall on the 23rd ult. The report was more satisfactory than the one of the previous year. In reply to the appeal of the committee, there had been a considerable increase in the donations. The number of patients treated was again the highest of any year in the history of the institution. During the year the drainage scheme had been entirely reorganised and placed upon a scientific basis. The mortuary had also been rebuilt on approved plans. The total increase of receipts for the year represented a sum of £108 8*s.* 11*d.*

WEST KENT HOSPITAL.—Earl Amherst, the president, occupied the chair at the annual general meeting of the governors, held on the 21st ult. The total number of in- and out-patients attended during the year was 4150. A memorial of the late Mr. John Hollingworth, one of the vice-presidents, and a very old member of the committee, having been proposed, a subscription list was opened by the Mayor of Maidstone, and contributions to the amount of £1360 4*s.* 3*d.* were received. The subscribers determined to appropriate this sum to the Hollingworth buildings, now in course of erection in the grounds of the hospital, which will provide the additional accommodation required by the increasing demands upon the institution. The receipts amounted to £4238 17*s.* 2*d.*, and the expenditure to £4225 1*s.* 7*d.*

THE ITALIAN HOSPITAL, LONDON.—The annual report for the past year of this charity states that during the year 226 in-patients and 2421 out-patients had been relieved; of the latter, Italians formed considerably the largest proportion. The benefits of the hospital are bestowed gratuitously. It contains twenty beds, twelve for females and eight for males. But the increasing demands on the institution for additional accommodation have necessitated steps being taken to build another ward at a cost of £500.

GREAT NORTHERN CENTRAL HOSPITAL.—At the annual meeting held last week, the general arrangements of the new hospital were stated to be satisfactory. The Islington Jubilee Fund in connexion with the new building amounted to £5000, and, as an acknowledgment, a ward has been named the Islington Victoria Ward. The committee of ladies who undertook to raise money to defray the cost of the out-patient department have handed over the sum of £3500. To complete the building £20,000 is still required.

Appointments.

Successful applicants for Vacancies, Secretaries of Public Institutions, and others possessing information suitable for this column are invited to forward it to THE LANCET *Office, directed to the Sub-Editor, not later than 9 o'clock on the Thursday morning of each week for publication in the next number.*

ADAM, C., M.D., M.B. and C.M.Aberd., has been appointed Physician to Anderson's Institution, Elgin.

BATE, GEORGE PADDOCK, M.D. Brux., F.R.C.S., L.R.C.P. Edin., has been appointed a Certifying Factory Surgeon, in the room of the late Charles Davidson, M.D., of Hackney.

BURY, J. W., L.R.C.P.Edin., M.R.C.S., has been appointed Honorary Medical Officer, Shepton Mallet Hospital.

BUTCHER, A. H., L.R.C.S., L.M.Edin., has been reappointed Honorary Surgeon, Borough Hospital, Birkenhead.

COLE, THOS. W., R.A. Dub., M.B., &c., has been appointed Medical Officer of the Bolsover District, Chesterfield Union.

COLLINGRIDGE, WILLIAM, M.A., M.D. Cantab., Medical Officer of the Port of London, has accepted the appointment of Honorary Consulting Physician to the Printers' Almshouses at Wood Green.

COLYER, J. F., L.D.S. Eng., has been appointed Demonstrator of Cohesive Gold Fillings to the Dental Hospital, Leicester-sq., W.C.

DONOVAN, DENIS D., L.R.C.P., L.R.C.S. Edin., has been appointed Physician to the Cork Northern Infirmary.

GOULLET, CHARLES A., M.R.C.S., L.R.C.P., has been appointed House Physician to the General Lying-in Hospital, York-road, Lambeth, vice George A. Pratt, M.R.C.S., L.R.C.P., resigned.

HARRIS, A. C. E., M.B., F.R.C.S. and L.Edin., has been reappointed Honorary Physician, Borough Hospital, Birkenhead.

HERBERT, SIDNEY, B.A. Cantab., M.R.C.S., L.R.C.P. Lond., has been appointed Junior House Surgeon to the Royal South Hants Infirmary, vice T. W. Longmore, resigned.

JONES, O. C., M.B.Oxon., L.R.C.P., M.R.C.S., has been appointed Honorary Medical Officer, Shepton Mallet Hospital.

LANGRAN, WILLIAM, L.R.C.P., L.M., L.R.C.S. Edin., has been appointed Medical Officer of the Workhouse, and the Axminster District, Axminster Union.

LOVEROCK, R. G., L.K.Q.C.P.I., L.R.C.S.I., has been appointed Medical Officer to the Newcastle Dispensary, Co. Wicklow.

MACKENZIE, ALLAN G., M.R.C.P. Lond., L.R.C.S. Edin., has been appointed Medical Officer of the Wenlock District, Madeley Union.

MAGUIRE, ROBT., M.D. Lond., M.R.C.P., M.R.C.S., has been appointed Assistant Physician to the Brompton Hospital for Consumption and Diseases of the Chest.

MASON, WILLIAM, L.R.C.P., L.M., L.R.C.S. Edin., has been reappointed Medical Officer of the Second District, St. Austell Union.

RUSSELL, J. S. RISIEN, M.B., M.S. Edin., has been appointed Senior House Physician to the National Hospital, Queen-square, W.C., vice Dr. W. S. Colman, resigned.

SOUTHEY, A. J., M.R.C.S., L.S.A., has been reappointed Medical Officer of Health of Eton Rural and Union and Slough Union Districts.

STANLEY, CHARLES J., M.R.C.S., L.R.C.P. (King's Coll. Lond. and Durh. Univ.), has been appointed Medical Officer to the Fleming Memorial Children's Hospital, Newcastle-on-Tyne.

STANSFIELD, G. S., L.R.C.P., L.M.Edin., M.R.C.S., has been reappointed Honorary Surgeon, Borough Hospital, Birkenhead.

STEWART, A., L.R.C.P., L.M., L.R.C.S. Edin., has been reappointed Honorary Surgeon, Borough Hospital, Birkenhead.

TAYLOR, JAS., M.A., M.B., B.S. Edin., has been appointed Junior House Physician to the National Hospital, Queen-square, W.C., vice Dr. Russell, promoted.

VOELCKER, ARTHUR FRANCIS, M.D., B.S. Lond., has been appointed Medical Registrar and Pathologist to the Hospital for Sick Children, Great Ormond-street.

WADHAM, FRANK JESSER, M.R.C.S., L.R.C.P., has been appointed Resident Medical Officer to the Chelsea Hospital for Women, vice H. E. Brodrick, M.B. Durh., resigned.

WILLIAMS, NEVILLE, M.A.Cantab., M.B., M.R.C.S., has been appointed Honorary Medical Officer, Cottage Hospital, Harrogate.

WOOD, CHAS., M.R.C.S., L.S.A., has been appointed Honorary Medical Officer to the Dover Hospital, vice Marshall, resigned.

Vacancies.

In compliance with the desire of numerous subscribers, it has been decided to resume the publication under this head of brief particulars of the various Vacancies which are announced in our advertising columns. For further information regarding each vacancy reference should be made to the advertisement.

ANDERSON'S COLLEGE MEDICAL SCHOOL, Glasgow.—Candidates for the Chair of Chemistry, commencing in October next.

FARRINGDON GENERAL DISPENSARY AND LYING-IN CHARITY, 17, Bartlett's-buildings, Holborn, E.C.—Honorary Physician.

HOSPITAL FOR WOMEN, LONDON SCHOOL OF GYNÆCOLOGY, Soho-square, W.C.—Clinical appointments.

HUNTINGDON COUNTY HOSPITAL.—House Surgeon. Salary £60 per annum, with board, washing, and residence.

METROPOLITAN ASYLUMS BOARD.—Assistant Medical Officer (Clinical Assistant) at the South-Eastern Fever Hospital, New-cross-road. Remuneration, board, apartments, and washing.

ROYAL INFIRMARY, Bristol.—Surgeon and Assistant Surgeon.

SALOP FORESTERS' MEDICAL AID ASSOCIATION, Secretary, Foresters' Hall, Shrewsbury.—Surgeon. Salary £160 per annum. Drugs, cab-hire, house, gas, coals, rates, paid by the Association.

VICTORIA HOSPITAL FOR CHILDREN, Queen's-road, Chelsea, S.W.—Two Assistant Physicians.

YORK RETREAT, York.—Junior Assistant Medical Officer. Salary for the first year £80, with board.

Births, Marriages, and Deaths.

BIRTHS.

HENDERSON.—On the 27th ult., at Ladysmith, Natal, the wife of Dr. Henderson, of a son. (By cable.)

HOBBES.—On the 24th ult., at Bidford, Stratford-on-Avon, the wife of C. E. Hobbes, L.R.C.P., M.R.C.S., and L.S.A., of a daughter.

LANKESTER.—On the 27th ult., at Elm-park-gardens, South Kensington, S.W., the wife of Herbert Lankester, M.D. Lond., of a son.

MURDOCH.—On the 22nd ult., at Morningside-road, Edinburgh, the wife of Thomas Burn Murdoch, M.B., of a daughter.

ROSS.—On the 29th ult., at 9, Pavilion-parade, Brighton, the wife of Douglas M. Ross, M.D., of a daughter.

ROTH.—On the 24th ult., at Stanford-avenue, Brighton, the wife of Bernard Roth, F.R.C.S., of Queen Anne-street, London, W., and of Brighton, of a daughter.

MARRIAGES.

ALEXANDER—WEBB.—On the 12th ult., at St. Stephen's, Bayswater, by the Rev. W. H. Creaton, Robert Reid Alexander, M.D., Medical Superintendent, Male Department, Hanwell Lunatic Asylum, to Frances Gertrude, sixth daughter of Lieut.-Colonel George Webb, late R.M.L.I.

BARRETT—WATSON.—On the 24th ult., at St. Mary's Church, Scarborough, by the Rev. T. C. Smythe, D.D., Vicar of St. Chads Far Headingley, assisted by the Rev. A. E. Corner, B.A., Curate of St. Mary's, William Peard Barrett, M.R.C.S., of Folkestone, eldest son of William Parish Barrett, of Laxton Villa, Cheltenham, to Marian Elliott, only daughter of the late Thomas Tottie Watson, of Headingley, Leeds.

CHAWNER—HOWE.—On the 22nd ult., at St. Bartholomew's Church, Clay Cross, Alfred Chawner, L.R.C.P., M.R.C.S., to Mabel, third daughter of George Howe, Esq., Clay Cross.

GILMORE—HOLMES.—On the 21st ult., at the Parish Church, Buxton, Richard Gilmore, M.D., of Brigg, only son of the late Rev. Canon Gilmore, to Florence Mary, daughter of the late George Holmes, Esq., Brigg, Lincolnshire.

GREENWOOD—BANKS.—On the 15th ult., at Riseley, in Bedfordshire, George Greenwood, M.R.C.S., L.R.C.P., of Bush-hill-park, Enfield, son of Major Greenwood, M.D., of Queen's-road, Dalston, to Ada Elizabeth, daughter of Philip Humbley Banks, M.R.C.S., of Brooke House, Riseley.

HANDCOCK—FORD.—On the 29th ult., at the Church of the Ascension, Whixley, George Handcock, M.R.C.S., L.M.S. Lond., of Girlington, Bradford, to Jessie Barnett, eldest daughter of John Ford, of Tancred, Whixley, in the county of York.

DEATHS.

BULLEN.—On the 20th ult., at Brighton, after a short illness, Henry St. John Bullen, M.R.C.S., of Christchurch-road, Tulse-hill, in his 72nd year.

DAVIES.—At Gwynfryn, Rhos, Ruabon, N. W., suddenly, of croup, William Allan Davies, only son of J. C. Davies, L.R.C.P. Lond., M.R.C.S. Eng., aged two years.

FITZSIMON.—On the 27th Dec., at Curaçoa, West Indies, after a short illness, Cuthbert Collingwood FitzSimon, M.D., L.R.C.S.I., late Army Medical Staff. Deeply mourned.

KING.—On the 22nd ult., Jasper Rumboll King, F.R.C.S.Eng., of Lowbourne House, Melksham, Wilts, aged 79.

MATTHEWS.—On the 25th ult., at Yealand Conyers, Lancaster, Dr. James Matthews, aged 52.

N.B.—A fee of 5s. is charged for the Insertion of Notices of Births, Marriages, and Deaths.

Medical Diary for the ensuing Week.

Monday, February 4

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations daily at 10 A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1.30 P.M., and each day at the same hour.
CHELSEA HOSPITAL FOR WOMEN.—Operations, 2.30 P.M.; Thursday, 2.30.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.; Tuesday, 2.30 P.M.
HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M., and on Thursday at the same hour.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and each day in the week at the same hour.
ROYAL INSTITUTION.—5 P.M. General Monthly Meeting.
ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—8 P.M. The Inaugural Address by the President (H. Sewill, Esq.). Casual communications.
MEDICAL SOCIETY OF LONDON.—8.30 P.M. Dr. W. R. Gowers: Syphilis and the Nervous System. (Lettsomian Lecture.)

Tuesday, February 5.

GUY'S HOSPITAL.—Operations, 1.30 P.M., and on Friday at the same hour Ophthalmic Operations on Monday at 1.30 and Thursday at 2 P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 4 P.M.; Friday, 2 P.M.
CANCER HOSPITAL, BROMPTON.—Operations, 2 P.M.; Saturday, 2 P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2.30 P.M.
ST. MARY'S HOSPITAL.—Operations, 1.30 P.M. Consultations, Monday, 2.30 P.M. Skin Department, Monday and Thursday, 9.30 A.M. Throat Department, Tuesdays and Fridays, 1.30 P.M. Electro-therapeutics, same days, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. G. J. Romanes: Before and after Darwin.
SOCIETY OF ARTS.—8 P.M. Mr. Edouard Garnier: Manufacture of Sèvres Porcelain.
PATHOLOGICAL SOCIETY OF LONDON.—8.30 P.M. Dr. Handford: Carcinoma of Lung leading to Stenosis of Trachea and Left Bronchus.—Dr. Ormerod: (1) Symmetrical Disease of White Matter of Cerebral Hemispheres; (2) Ulcerative Colitis (card); (3) Hæmorrhage into Pons Varolii (card).—Mr. Golding-Bird: Tubercle in Synovial Sheath.—Dr. Pitt: Pemphigus.—Dr. J. Griffiths: (1) Epithelioma of Urethra; (2) Hydronephrosis; (3) Carcinoma of Common Bile-duct (card).—Dr. Dunn: Epiphysitis of Upper Extremity of Humerus (card).—Dr. F. W. Mott: Section of Liver from Two cases of Pernicious Anæmia (card).—Dr. Angel Money: Cancer of Ileo-cæcal Valve.—Mr. R. Johnson: Two cases of Cancer of Large Intestine.—Dr. Sainsbury: Meningeal Tuberculosis.—Mr. Bland Sutton: Leontiasis Ossea.—Mr. W. G. Spencer: The Formation of Mucous Cysts in the Mouth.

Wednesday, February 6.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1.30 P.M.; Saturday same hour. Ophthalmic Operations, Tuesday and Thursday, 1.30 P.M. Surgical Consultations, Thursday, 1.30 P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour.
LONDON HOSPITAL.—Operations, 2 P.M.; Thursday & Saturday, same hour.
GREAT NORTHERN CENTRAL HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2.30 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; Saturday, 2 P.M. Skin Department, 1.45 P.M.; Saturday, 9.15 A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M., and on Saturday.
KING'S COLLEGE HOSPITAL.—Operations, 3 to 4 P.M.; Friday, 2 P.M. Saturday, 1 P.M.
CHILDREN'S HOSPITAL, GREAT ORMOND-STREET.—Operations, 9.30 A.M.; Surgical visits on Wednesday and Saturday at 9.15 A.M.
ANATOMICAL SOCIETY OF GREAT BRITAIN AND IRELAND.—5 P.M. Mr. Arthur Hensman: Specimen showing the relation of the Dorsal Artery of Foot to Tarsal Bones.—Dr. St. John Brooks (for Mr. D. J. Cunningham): (1) Models illustrating the Topography of the Brain in Young Children, in the Human Fœtus, and in the Ape, and the Skeleton of a Male Subject aged 105; (2) A New Method of Mounting the Spine (male and female spines will be exhibited).—Messrs. W. Anderson and G. Makins: Cranio-cerebral Topography.—Mr. C. S. Sherrington: The Topography of the Pyramidal Tract.—Mr. J. Griffiths: Observations on the Anatomy of the Prostate Gland.—Mr. Mayo Collier: The Connexions and Relations of the Epiglottis (with specimens).—Mr. G. B. Howes: Addition Notes on the Intranarial Epiglottis.—Mr. Alex. Macalister: A Suggestion of an Amendment of the Anatomy Act.
OBSTETRICAL SOCIETY OF LONDON.—8 P.M. Specimens will be shown by Dr. John Phillips, Mr. Doran, and others. A short paper will be read. Annual Meeting; Election of Officers and Council. The President (Dr. John Williams) will deliver the Annual Address.
SOCIETY OF ARTS.—8 P.M. Mr. G. L. Gomme: The Status of the County Council.

Thursday, February 7.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. Surgical Consultations, Wednesday, 1.30 P.M. Ophthalmic Operations, Friday, 1.30 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. J. W. Judd: The Metamorphoses of Minerals.

Friday, February 8.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CLINICAL SOCIETY OF LONDON.—8.30 P.M. Dr. Caton (of Liverpool): Notes of a case of Narcolepsy.—Dr. Savill: Case of Hystero-epilepsy in the Male.—Dr. West: (1) Case of Raynaud's Disease with peculiar Eruption on the Face, scaly at first, subsequently like erysipelas, death from pneumonia; (2) Case of Tubercular Disease in which Inversion of the Temperature Curve was an important Aid to Diagnosis.
ROYAL INSTITUTION.—9 P.M. Sir William Thomson: Electrostatic Measurement.

Saturday, February 9.

MIDDLESEX HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Ernst Pauer: The Character of the Great Composers and the Characteristics of their Works. (With Illustrations on the Pianoforte.)

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Steward's Instruments.)

THE LANCET Office, January 31st, 1889.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radia in Vacuo.	Maximum Temp. Shade.	Min. Temp	Rainfall.	Remarks at 8.30 A.M.
Jan. 25	30·47	N.W.	44	42	..	47	39	..	Overcast
„ 26	30·41	N.W.	45	43	74	54	43	..	Cloudy
„ 27	30·55	N.E.	38	37	56	44	35	..	Hazy
„ 28	30·48	W.	44	43	75	51	37	·03	Overcast
„ 29	29·97	S.W.	47	45	..	50	43	..	Overcast
„ 30	29·99	W.	40	37	..	50	35	·11	Overcast
„ 31	29·96	S.W.	46	45	..	53	40	·05	Overcast

Notes, Short Comments, & Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editors."

Lectures, original articles, and reports should be written on one side only of the paper.

Letters, whether intended for insertion or for private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe or recommend practitioners.

Local papers containing reports or news paragraphs should be marked and addressed to the Sub-Editor.

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "to the Publisher."*

We cannot undertake to return MSS. not used.

QUESTION OF FEES.

L.R.C.P.—We consider the charges quite reasonable. Such services are exceptional; indeed, there are no precedents that we know of. But clearly the duty was anxious and prolonged, and highly responsible; and nothing but consideration for the means of the patient, which, we understand, does not apply in this case, would call for a reconsideration of the fees. It is well in regard to such exceptional services to have an understanding beforehand.

A Quibbler.—The question is a debatable one, and we shall be willing to receive a communication on the subject.

EXAMINATIONS—AND AFTER.

To the Editors of THE LANCET.

SIRS,—Your correspondent, "A Mulcted Parent," complains that examiners draw the bow too tightly. He should rather complain that they do so too late, when the candidate for admission to our profession is pretty well committed to his course. There is something else necessary to a surgeon or physician besides chemistry, anatomy, and physiology, and that is a sufficient number of paying patients to keep him—that is to say, if he is dependent on his profession. In considering his son's chances of obtaining this necessary let him inquire into the relative proportions of the increase and waste of the profession, and also read pp. 181, 187, 195–6 and 205 of your issue of Jan. 26th.

I am, Sirs, yours faithfully,

Jan. 28th, 1889. A. P.

Nemo.—The conduct described is very bad; but it is not such as the Medical Council could be expected to deal with. The principal who has an idle or unfaithful assistant should instantly dismiss him, and, if necessary, take legal proceedings. But it cannot be intended that a body like the Medical Council should deal with such questions.

Mr. Manceaux (Brussels).—We are unable to comply with the request.

A DISCLAIMER.

To the Editors of THE LANCET.

SIRS,—In the advertisement sheet of *The Times* I find my name followed by a quotation from a recent lecture at Gresham College about the climate and rainfall of South Africa upon a prospectus of the Zout Kom Nitrates Company. Several of my friends have assumed that I am personally interested in the company; so I am anxious to make known that until I saw the advertisement I was not aware of the existence of the company, and had not even heard its name. I have written requesting the chairman to withdraw my name from future notices.

I am, Sirs, faithfully yours,

Cavendish-sq., W., Jan. 28th, 1889. E. SYMES THOMPSON, M.D.

"CABBY" AND THE HOSPITALS.

AMONG the classes of London who have hitherto met with an inadequate estimate of their good qualities we should place cabmen. It is too common to dwell only on their incivility, which is an exception. What class has a harder time of it, or more to try the temper? The general safety of travelling is no slight proof of their sobriety. What we now note with pleasure and gratitude is their generous contribution of £123 out of their hard-earned fares to the Hospital Saturday Fund.

C.C.—It is too soon to say whether the medical degree of Brussels will become registrable again, though it is quite possible. It can, however, only be registered as a foreign degree, and in a separate register. But, in any case, it entitles the possessor to style himself "Doctor" and M.D. of Brussels in this country.

Tenax is referred to THE LANCET of July 21st, 1877, and June 12th, 1880, for information with respect to Sayre's apparatus.

Mr. P. Thornton is thanked.

"THE EXAMINATION IN CHEMISTRY AT THE ENGLISH CONJOINT BOARD."

To the Editors of THE LANCET.

SIRS,—In your issue of Jan. 12th, a correspondent claiming for himself to be a teacher of chemistry imputes unfairness on the part of examiners in their selection of questions at the late examination. In the first place he takes exception to the question on chemical physics relative to medical induction coil—the word medical here is rather misplaced, but not necessarily misleading; besides, the presiding examiners at the College are always very courteous, and would, I am sure, explain to any candidate what they required short of answering the question. Why should they name a particular invention as suggested by your correspondent? From my experience I find that it would be a blessing to students to see the names of inventors expunged from text-books, which unfortunately abound of them, almost on every page. In the second place, he finds fault with the question respecting the estimation of hydrocyanic acid. Here, again, your correspondent is wrong in supposing that the synopsis does not include it. My rendering of that valuable guide is that candidates should have such a knowledge of the substances mentioned therein as will be of advantage to them in their future career, and the examiners are justified in expecting on the part of aspiring candidates such knowledge of the principles by which the estimation of any such substance can be arrived at, but not of the details and delicate manipulations required of the analyst and pharmacist. In the third place, he regards the question on the Englishman's beverage preposterous. Allow me, Sirs, to point out that no teacher of chemistry can conscientiously go through the subjects, "carbohydrates," "fermentation," and "alcohol," for a class of gentlemen going in for the medical profession, and probably medical officers of health, without explaining the principles involved in the process of brewing, &c.

In conclusion, my advice is not to find fault with the excellent questions, which, for medical students, are far superior to any at any examination in England; but to teach the pupils what will be of real service to them in after-life at the hospital and in the profession, such knowledge of important changes which occur in the processes of producing substances of general interest and daily consumption, and the application of them in the therapeutic art or diagnosis of disease, such as the estimation of sugar in urine by the fermentation process and others of like nature, and not bore the pupils with the minute details of half-a-dozen experiments and experimenters on the synthesis of ammonia, occupying, or more correctly wasting, three or four hours of the pupils' valuable time. Such teaching might be justifiable to a class preparing for chemistry as a profession.

If I had not already trespassed far too much on your valuable space, I would be inclined to go further into the question of teaching the medical student. I am, Sirs, yours faithfully,

Chancery-lane, W.C., Jan. 23rd, 1889. MAURICE WILLIAMS.

MEDICAL PRACTICE IN SOUTH AFRICA.

To the Editors of THE LANCET.

SIRS,—I have just received a letter from a friend (non-medical) residing in Johannesburg, South Africa. He tells me there are nearly forty doctors practising in the town. Those speaking Dutch get a few fees now and then, the greater number having very little to do. Rents are enormous and living is very dear. It is essentially a population of healthy male adults, and everyone there considers it the last place a doctor can expect to meet with much practice.

I am, Sirs, yours faithfully,

C. CLEMENTS, M.B.

International Club, Trafalgar-square, S.W., Jan. 25th, 1889.

CIRCUMCISION SHIELDS.

To the Editors of THE LANCET.

SIRS,—As several people have written to ask me where can be procured the circumcision shields I described in your issue of Nov. 24th, 1888, perhaps you would do me the favour to state in your next issue that Messrs. Maw, Son, and Thompson, of Aldersgate-street, E.C., keep them ready-made in three sizes. I am, Sirs, yours truly,

Ipswich, January 26th, 1889. JAS. NORMAN VOGAN.

MEDICAL PRACTICE IN BRITISH COLUMBIA.

Wren asks for information as to whether examination is required in order to enable a gentleman with British qualifications to practise in the colony; also the nature of such examination, if any, the cost, &c.

Mr. P. Hoey.—The question put to us is one which we have often answered before. Whilst it is an important part of the duty of a medical officer of health to visit premises where infectious disease prevails in order to investigate and advise upon its causes, he has not in virtue of his office any right of entry upon private premises apart from such order as he may have obtained from a magistrate after declaring his belief that there exists on the premises a nuisance injurious to health. Neither has he under any circumstances any right in virtue of his office to see or examine any patients. But the difficulty referred to us ought not to occur. Few medical practitioners, if properly approached, will fail to assist the medical officer of health in visiting premises, and, if need be, in inspecting the sick, with a view to enable him to report to his authority; and medical officers of health should bear in mind how much they are dependent in their work on maintaining proper relations towards those in attendance on the sick.

C. Y. Biss, M.D.—The address of the inventor and teacher of stenotyp or typo-shorthand is 64, Imperial-buildings, Ludgate-circus.

ANTIPYRIN.

To the Editors of THE LANCET.

SIRS,—If you think the following of sufficient interest, I would be pleased if you would publish it, if only to show the wonderful power of antipyrin in reducing the temperature, whatever the cause, and also if any of your readers can give me a diagnosis of the case.

On Saturday last, the 26th inst., on my returning home at 10 P.M. after a country visit, I found a message to go to a house near by. When I reached there I found a patient of mine, a lady seventy-two years of age, lying on her back in bed, her hands clenched, forearms flexed and rigid, pupils contracted and acting sluggishly. Her teeth were clenched, and she took no notice of questions; but on being well roused she would stare vacantly round for a short time. Her skin was extremely hot and dry, and on putting my thermometer under the armpit it registered 106·8° F. I was so surprised that I shook it down and again inserted it with the same result. The thermometer is a Hicks' one-minute, and I have since tested it with others and found it correct. I at once went home and sent her two drachms of antipyrin in water. Half an hour after taking the medicine the skin became moist and she began to recognise her anxious friends. At 11 o'clock I saw her, and the temperature was then 105°, and she knew me. The pulse, which was full, bounding, and 118 at 10 o'clock, was now 100. The forearms were relaxed, but she seemed very exhausted and thirsty. Her tongue was dry and glazed. I gave a strong purgative, and left the thermometer for the temperature to be taken at 1 A.M. I visited the patient at 9 A.M. yesterday, and found that the midnight temperature was 100°, and had become quite normal when I took it at my visit. The tongue was moist, but she was utterly prostrated. At night the temperature was normal, and she seemed better. This morning it is again normal. Tongue slightly furred and moist. Pupils equal, and acting. Complains of no pain, and takes plenty of milk.

I can get no history of the patient being ill before the attack, with the exception of some giddiness at times. She has been able to get about the house and go out as usual. I have known her some years, and beyond a little dyspepsia she has never been ill. All the organs are healthy, and she leads a very active life. When I saw her with such a high temperature I gave the friends a poor opinion, as I did not think it possible anyone could recover after such a high record. There were no signs of epilepsy. I have often found marvellous results with antipyrin, but had no idea it could reduce such a high temperature.

I am, Sirs, very truly yours,

Jan. 28th, 1889. P. F. STURRIDGE.

Catarrh.—Machines for measuring the head are in use in most of the higher class firms.

Mr. A. H. Boys.—We are not aware that such a case has come before a court of law. The matter seems to be one for compromise.

ACID SALICYL.

To the Editors of THE LANCET.

SIRS,—I should like to ask Dr. Shaw whether he has found any difference between the effects of the "vegetable" and "chemical" acid salicyl? I have given the salicylate of potash very largely during the last twelve years, and I have had no unpleasant results since I have ordered it to be freshly prepared by the admixture of the "vegetable" acid and pot. bicar. I am quite convinced myself that although the "vegetable" and "chemical" acid salicyl may be identical chemically, they are quite different in their therapeutic effects. I find chemists will never dispense the "vegetable" unless expressly ordered, as the cost is so much greater than that of the "chemical," and unfortunately the B.P. preparation is directed to be made either way, and so when B.P. is ordered the cheapest is used. If others would give their experience in this matter, I think good would result.

I am, Sirs, your obedient servant,

Southsea, Jan. 26th, 1889. ALBERT BENTHALL.

A DOCTOR AND DISPENSARY FOR EVERY CHURCH.

THE *Methodist Recorder* seems to have questionable views of the formation of churches. It is to minister to the souls of men rather than their bodies. Our contemporary has a decided conviction that every church should have something in the nature of a medical agency attached to it. It hails with satisfaction in this connexion the offer of a chemist, with his wife and two daughters, to go down to St. George's-in-the-East and manage a provident dispensary! We should advise our contemporary to leave the medical care of the poor to existing charities; but, if it will provide medical attendants, to see that they are properly qualified.

Anatomy.—We have no doubt that full facilities exist for the purpose mentioned.

UNPROFESSIONAL CONDUCT.

To the Editors of THE LANCET.

SIRS,—On Tuesday evening last I was called to a man, whom I have been attending for some weeks, and who had that day, when in the City, fallen down some stairs and fractured the left ulna. I put the arm in splints and continued to attend; but on calling on Thursday, I found the arm taken out of the splints, and, on asking the reason, was told by the patient (who has been more or less under the influence of drink since the accident) that a neighbouring practitioner (Dr. A——) had called on the previous evening on business, and had taken the splints off and sent a liniment to be applied to the arm. On the patient saying that he had not sent for Dr. A—— and did not wish him to attend, I again put the arm in the splints and saw Dr. A——, and told him that he had no business to interfere with my patient as I was called in after the accident, and had also been attending the man and his family for some weeks previously. I called again on Friday with Dr. B——, whom I had asked to see the patient with me on account of Dr. A——'s conduct. I then found that Dr. A—— had been again, taken off my splints, and applied his own. Dr. B—— confirms my diagnosis of the fracture, and Dr. A—— has not called since he knew that Dr. B—— had seen the patient with me. I find on making particular inquiries that Dr. A—— had not been sent for by either the patient or his friends, and, in fact, forced his services on the patient, who was under the influence of drink at the time. This is not the first time that Dr. A—— has acted in an unprofessional manner towards me, and I shall feel very grateful if you will kindly tell me how I am to protect my practice from such a man.

I am, Sirs, yours truly,

Jan. 21st, 1889. A. C.

* * It is very remarkable how a medical man could go unsolicited to the patient of another medical man, remove splints &c., as Dr. A—— is represented as having done here. The best protection for our correspondent is, perhaps, to publish his letter, which will let Dr. A—— see that his conduct is under notice.—ED. L.

COMMUNICATIONS not noticed in our present number will receive attention in our next.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Gowers, London; Sir E. Lechmere, London; Dr. Illingworth; Dr. Isambard Owen, London; Dr. Symes Thompson, London; Mr. Littlewood, Leeds; Mr. E. Owen, London; Dr. Imlach, Liverpool; Mr. W. W. Gee; Dr. Clements, London; Mr. H. E. Hackett, Gorton; Dr. De Havilland Hall, London; M. Verne, Paris; Dr. Rogers, Rainhill; Mr. Pugin Thornton, Canterbury; Mr. S. Snell, Sheffield; Messrs. Sutton and Son, Reading; Dr. Linn, Paris; Dr. Garry, Liverpool; Messrs. Prince and Co., London; Mr. H. W. Allingham, London; Messrs. Beal and Co., Brighton; Mr. Manceaux, Brussels; Messrs. Burroughs and Wellcome, London; Dr. Boobbyer, Nottingham; Mr. Hall, Tunbridge Wells; Mr. Fleet, London; Mr. Benthall, Southsea; Messrs. Bell and Co., Lancaster; Dr. Drummond, Newcastle-on-Tyne; Dr. Smyth, East Hartlepool; Surgeon-General Maclean, London; Messrs. Armfield and Son, London; Dr. Richards, Stourbridge; Dr. Bourke, Cape Colony; Dr. Padley, Swansea; Mr. Vogan, Ipswich; Dr. Wightwick, London; Dr. Tomkins, Leicester; Dr. Kirk, Partick; Dr. McMordie, Belfast; Dr. W. Squire, London; Mr. Fletcher, Oxford; Mr. Mason, Burton-on-Trent; Mr. Sturridge, Kendal; Mr. E. H. Fitzpatrick, Birmingham; Mr. G. T. Bettany, London; Dr. Glaister, London; Mr. G. E. Jeaffreson, Framlingham; Mr. G. A. Hall, London; Mr. W. H. Bennett, London; Mr. Lendus, London; Mr. Fuller, Bath; Mr. Spence, Newcastle; Mr. Chrisholm, London; Mr. Skekleton, Bristol; Mr. Brasier, London; Mr. Fraser, Bucks; Dr. Hunt, Perth; Dr. Hutchison, Aberdeenshire; Mr. Moullin, London; Mr. Collin, Deansgate; Mr. Bland Sutton, London; Mr. G. A. Wright, Manchester; Messrs. Edgcumbe and Co., London; Dr. Campbell Black, Glasgow; Messrs. Wright and Co., Bristol; Mr. Nicholls, Hartest; Mr. Hope, London; Dr. Leith Napier, London; Mr. W. Whitehead, Manchester; Mr. Hodgson Pratt, London; Dr. Mackay, Huelva; Mr. T. S. Clark; Mr. Adams Frost, London; Mr. H. Smith, Chilton; Mr. Maythorn, Biggleswade; Mr. Boys, St. Albans; Mr. H. R. Jones, Llanwddyn; Mr. Hayman, Bristol; Prof. P. Frankland; Mr. Kidston, Glasgow; Mr. Boughton, Ipswich; Mr. Rusel, Liverpool; Mr. Macaley, Leicester; Mr. Cook, London; Mr. Hawke, Cornwall; Commander Blount, London; C. C.; R. R. Burnley; A. P.; Medicus, London; Giraldus, London; Essex and Colchester Hospital; Bristol Royal Infirmary; Anatomy; Lady Superintendent, London; M.B. Lond.; Wren; Church, London.

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Temperance Chronicle, Municipal Review, Charity, Jewish World, North Devon Journal, Nuneaton Observer, Worcester Herald, Liverpool Daily Post, Reading Mercury, North Star, Hertfordshire Mercury, Jarrow Express, West Middlesex Advertiser, Herald and Weekly Free Press, Bolton Daily Chronicle, Cape Argus, Surrey Advertiser, Derbyshire Times, Folkestone Observer and Times, Sussex Daily News, Cape Times, Excalibur (The Cape), Birmingham Daily Post, Glasgow Herald, &c., have been received.

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